



Homeroom Teacher _____

Phone: 770-615-3680 * 3264 Brookmont Pkwy – Douglasville, GA 30135 * Fax: 770-615-3677

**AUTHORIZATION FOR STUDENTS
TO CARRY MEDICATION**

As provided for in Douglas County Board of Education Policy, JGCD and Regulation JGCD-R, _____, needs to carry the following labeled medication with him/her. The above named student has been instructed in the proper use of the medication and fully understands how to administer this medication.

Medication	Dosage and Directions

Physician's Signature	Date
-----------------------	------

I have been instructed in the proper use of my labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that should another student use my medication, the privilege of carrying my medication may be revoked. I also accept the responsibility for checking in with the school health monitor to keep her informed of use of my medication in case I start having problems.

Student's Signature	Date
---------------------	------

I hereby request that the above named student, over whom I have legal control, be allowed to carry and use the medication described above, at school. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. ***I release the Douglas County School system and Brighten Academy and its employees of any legal responsibility when the above named student administers his/her own medication.***

Parent/Guardian Signature	Date
---------------------------	------

Reviewed by School Nurse _____
Date _____

School Administrator's Signature _____
Date _____

Adopted 2/19/02
Revised 8/3/12

Douglas County Board of Education