## Maury County School Over the Counter and Short-term Prescription Medication

Requests for school personnel to assist in administration of short-term prescription medications require that this statement be filed with the school nurse. An adult must bring all medication into the school. The medication should be in its original container, unopened, and with the child's name on it.

		Stude	nt Informatio	n	
To be con	npleted by pare	nt/guardian:			
Student Name:Last				First	Middle
Date of B	irth:				
		Medica	tion Informat	tion	
Name of I	Medication:				
Dosage:					
Frequenc	y and Time:				
Discontin	uation Date:				
Reason fo	or Medication:				
		Parei	nt Informatio	n	
	ardian Phone N	Number in case of e Cell:		Work:	
Parent/Guardian Signature:					_ Date:
		Offic	e Information	n	
Date	Time	Dosage	Signa	ture	