

Jonesboro Public Schools

A separate form must be completed for each medication administered.

CONTROLLED MEDICATION AUTHORIZATION AND RELEASE

The school nurse, or designee, has my permission to take a photo of my child and place it on his/her medication record for identity purposes.

I acknowledge that the District, its Board of Directors, and its employees shall be immune from civil liability for damages resulting from the administration of this medication in accordance with this consent form.

Parent or Guardian _	Date	
_		

NOTE: Medication must be brought to the school in the original container. Medication will only be given according to the physician's directions on the container. Parents of elementary school students are responsible for bringing medication safely to and from school. Medication will not be sent home with the student. Parents must pick up unused medication.

Date	Pill Count	Brought by	Signature/Signature (two persons)	Comments