

**Sumner County Schools  
PERMISSION FOR ADMINISTRATION  
OF NON-PRESCRIPTION MEDICATION**

Name of Student: \_\_\_\_\_

School: Portland East Middle School    Grade: \_\_\_\_\_    Date of Birth: \_\_\_\_\_

Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_    Dosage: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Time of day medication is to be given: \_\_\_\_\_

Possible side-effects: \_\_\_\_\_

Anticipated number of days to be given at school: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the request to perform this service by any person employed by the Sumner County School System and its personnel from any legal claim which they now have or may thereafter having arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for \_\_\_\_\_ to take  
(Student Name)  
the above medication. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent and/or Guardian

\_\_\_\_\_  
Home #                      Work#                      Cell#

Parent/Guardian's signature gives Sumner County School System permission to disclose and receive medical information regarding this student.