



"In Pursuit of Excellence"

Authorization of Administration of Emergency Medications by Unlicensed Personnel

Student Name: _____

Parent/Guardian: _____

Date of Birth: _____ **School:** _____

There may be times when the school nurse is not present on campus, or is otherwise unable to respond, to an emergency which requires the administration of medication. In that event, in accordance with Board Policy JGCD and JGCD-R, parents have two options regarding the emergency administration of medication.

Under the first option, parents have the option to delegate the administration of emergency medication the school principal who will then designate an unlicensed school employee, who has been trained, to administer the emergency medication in the event the school nurse is unavailable to do so. Under the second option, parents may limit their authorization so that emergency medications may be administered only by the school nurse.

This form is to be completed by parents who are delegating the administration of emergency medication to the school principal and authorizing unlicensed personnel to administer certain medications in the event of an emergency. Parents completing this form are authorizing someone other than the school nurse to administer certain emergency medications to their child.

I hereby delegate to the school principal the task of designating certain staff members, who have been trained in accordance with Georgia law, State Board of Education rules and/or Policy JGCD and JGCD-R, to administer medication to my child in accordance with Physician's Orders. I hereby release, and covenant not to sue the Walton County School District, and its employees, from liability in connection with any claims arising out of the emergency administration of medication.

I further agree to notify the school nurse of any changes in my child's health condition and/or medication regimen.

Parent/Guardian Signature

Date