Med. Exp. Date:

LOUDOUN COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR MEDICATION ADMINISTRATION

Student Information: Parent/Guardian to Complete

Student: _____ DOB: _____ Age: _____ Grade: _____

School: _____ Has the student taken this medication before? ☐ Yes ☐ No

If no, the first full dose must be given at home to decrease the risk of student having a negative reaction at school. First dose was given: Date: _____ Time: _____

Prescription Medication: Healthcare Provider to Complete (one form for each medication)

Name of Medication: _____

Diagnosis/Condition for which medication is being administered: _____

Dosage: _____ Route: _____Time of Administration: _____

Length of Time: ☐ School Year ☐ Other: _____

Possible Side Effects: ☐ None Expected ☐ Specify: _____

Healthcare Provider Signature: _____ Date: _____

Healthcare Provider PRINTED Name/Stamp: _____

Healthcare Provider Phone: _____ Fax: _____

Healthcare Provider Address:_____

Over-The-Counter Medication: Parent/Guardian to Complete (one form for each medication)

Name of Medication: _____

Reason medication is to be given: _____

Dosage: _____ Route: _____ Time of Administration: _____

Length of Time: ☐ School Year ☐ Other: _____

Possible Side Effects: ☐ None Expected ☐ Specify: _____

Parent/Guardian Authorization

My signature gives permission for principal's designee to administer prescribed/over-the-counter medication and gives principal's designee permission to contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded. I have read the procedures outlined on the back of this form and assume responsibility as required.

Parent/Guardian Signature: _____ Date: _____

To Be Completed with Health Office Staff

Medication received (amount/description): _____

Medication received: _____/_____

Health Office Staff Signature/Date — Parent/Guardian Signature/Date

Medication picked up by: _____ Date: _____

Parent/Guardian Signature

Parent Information About Medication Procedures

1. **Medications should be taken at home** whenever possible so that the student does not lose valuable classroom time.
2. If it is absolutely necessary for the student to take medication at school, this "**Authorization for Medication Administration" form** must be received for each medication and must be submitted to the Health Office staff prior to the medication being given at school. Use the appropriate **Action Plan** for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without receipt of the appropriate form.
3. **The Health Office staff must have written instructions from the healthcare provider in order to administer prescription medications.** The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationary or a prescription pad with the following information:
   - Student's name and date of birth
   - Name and purpose of medication
   - Dosage, time & route of administration
   - Duration of medication order/effective dates
   - Possible side effects/actions to take if these occur
   - Healthcare provider signature/date
4. **Medications must be brought to the Health Office by a parent/guardian** (LCPS 8420 policy). Students with diabetes, asthma, or life-threatening allergies may carry life-saving medications (insulin, Glucagon, inhaler, Epinephrine Auto-Injectors) throughout the school day with the approval of the physician, school nurse and parent/guardian as indicated on the "Physician Order/Health Care Plan." Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
5. **Medication Containers:**
   - Prescription medications- must be in the original pharmacy bottle with proper label containing:
     - Student's name
     - Name of Medication
     - Time to be given
     - Dose/amount to be given
     - Healthcare Provider name
   - Non-prescription medications (OTC- over-the-counter)- must be in the original package with the name of the medicine and instructions.
6. Prescription information on bottle label must match the healthcare provider information on the "Authorization for Medication Administration" form. Ask the pharmacy to provide a properly labeled bottle for school.
7. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
8. **The first dose of any NEW medication must be given at home.**
9. Medications will be given no more than 30 minutes before or after the prescribed time.
10. Non-prescription medication will only be administered according to directions on the label. If a higher dosage is required, the "Authorization for Medication Administration" form must be signed by the healthcare provider.
11. Medication kept at school will be stored in a locked area of the Health Office accessible only to authorized school personnel.
12. The student is to come to the Health Office or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the Health office at the appropriate time.
13. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
14. Parents/Guardians should not bring in more than a 60-day supply of prescription medicine at a time.
15. Any **herbal or natural alternative medications** (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinals, vitamins, and minerals) require an "Authorization for Medication Administration" form signed by the healthcare provider and parent/guardian.
16. **Unused medications MUST be picked up by a parent/guardian on or before the last day of school or it will be destroyed.**