



## The Langley School Medication Authorization Form

### **Requirements for Medication Administration:**

1. Medications are to be kept with the nurse or in another school-approved location. **Students/campers are not permitted to carry medications of any kind or to self-medicate, unless authorized by their physician and prearranged with the nurse.**
2. Submit one form for each medication and for any changes to the type, dose, or time of medication.
3. Medications must be given directly to the nurse by the parent/guardian.
4. **Medications in plastic bags or other non-original containers will not be accepted.**
5. The child is to see the nurse or authorized personnel at the prescribed time to receive his/her medication.
6. Parents/guardians are responsible for:
  - administering the first dose of any new medication at home.
  - developing a plan with their child to ensure he/she is aware of the administration schedule and instructions.
  - tracking expiration dates and providing new medications/forms when needed.
  - retrieving all medication from the nurse on the last day of school/camp. Any unclaimed medication will be discarded one week after school/camp ends.

### **Non-Prescription (“Over The Counter”) Medications:**

1. Will be administered ONLY with a valid Medication Authorization Form on file that has been completed and signed by the parent/guardian.
2. Must be in the original container.
3. Must be labeled with the child’s full name.
4. Will be administered up to 10 working days and then require authorization from your child’s physician.
5. Will be administered according to the manufacturer's recommendations.

### **Prescription/Emergency Medications (Epinephrine, Inhalers, Insulin):**

1. Will be administered ONLY with a valid Medication Authorization Form on file that has been completed and **signed by both the parent/guardian and the prescribing physician.**
2. Must be in the original container/box with the pharmacy label attached that correctly lists the child’s full name, medication name, valid date, dosage, and instructions for administration.
3. Must be accompanied by a FARE Food Allergy & Anaphylaxis Emergency Care Plan, Virginia Asthma Action Plan, and/or Virginia School Diabetes Medical Management Plan, completed and signed by your child’s physician.
4. Forms are valid one year from the date they are signed and must be renewed on or before the expiration date.
5. The child will not be permitted to attend day or overnight field trips unless all medications and forms are valid, up-to-date, and received prior to the day of departure.



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I, \_\_\_\_\_, give permission for authorized personnel to administer the following medication to the child named below. In addition, I give permission for The Langley School nurse to contact my child's physician for clarification, if necessary. I have read the medication administration procedures outlined on the front page of this form and assume responsibility for all its terms. I understand any/all medical information will be shared as needed with the faculty/staff of The Langley School/Summer Studio, as well as emergency personnel.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Emergency Phone Number: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade & Teacher/Counselor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Diagnosis/Reason for Medication: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage to Be Given: \_\_\_\_\_ Time(s) to Be Given: \_\_\_\_\_

Length of Treatment/Dates to Be Administered: \_\_\_\_\_

Special Instructions (e.g., take with food, requires refrigeration): \_\_\_\_\_

Physician's Name (Please Print): \_\_\_\_\_

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

Prescribing Physician's Signature (**required for ALL prescription/emergency medication**):

\_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE BRING THIS FORM AND THE MEDICATION TO THE NURSE**