**CARROLL COUNTY PUBLIC SCHOOLS MEDICATION FORM**

Name: _____ D.O.B.:_____ Allergies: _____Grade/Teacher: _____Bus #_____

Medication:_____ Route: _____ Strength: _____ Dosage: _____ Time: _____**Expiration Date:**_____

From: _____ To: _____ Reason: _____ Side Effects: _____

If medication administration is necessary during school hours, this form must be completed before any representative of the school can administer prescription or non-prescription medications to your child. **Special Notes:**

1. **Prescription Medications must be in a container marked specifically for student, labeled by pharmacist or prescriber. Over the counter medications must be in original container with manufacturers label intact.**
2. **All homeopathic/herbal prescription AND non-prescription medicines require a parent AND authorized prescriber signature. In Maryland an authorized prescriber is a physician, nurse practitioner, certified midwife, podiatrist, and physician assistant or dentist.**
3. **Medications are not to be transported by students. This is in violation of our Drug-Alcohol policy. Medication shall be returned to the parent/ responsible adult when the order or the medication has expired. Nurse should notify parent/guardian of medication which expires during the school year. Expired medication not collected by parent/guardian or designated responsible adult will be discarded within 7 calendar days. All medications not claimed at the end of the school year will be destroyed.**
4. **Medication orders are only valid for the current school year including ESY.**

*** (Maryland law allows prescription medication to be used only for 1 year beyond date of issue or expiration date indicated on the medication – whichever comes first.)**

I authorize and request representatives of Carroll County Public Schools to administer the medication listed above, in doing so, relieve them of ill effects resulting from the administration of medication to my child. I also give them permission to contact the physician for any questions regarding the administration of this medication.

**Parent/Guardian Signature:**_____ **Physician/Prescriber Signature:**_____

**Physician/Prescriber Phone #**_____

**Inhaler Release: (It is the student's responsibility to report usage to the school nurse)**
This section must be completed in addition to above for those students who request permission to carry their own inhaler.
We acknowledge that the student named above has been instructed as to the proper use, understands the purpose and the appropriate method as well as the frequency of use of their inhaler. We request that the student may be able to carry their inhaler on their person or secured in their locker.

**Parent/Guardian Signature:**_____ **Physician/Prescriber Signature:**_____

| Codes (chart reason) | | | **Initial** | **Name** | **Initial** | **Name** |
|---|---|---|---|---|---|---|
| A – Absent | F – Field Trip | N – None Available | _____ | _____ | _____ | _____ |
| C – School Closed | H – Holiday | O – No Show | _____ | _____ | _____ | _____ |
| E – Early Dismissal | L – Late Opening | W – Dose Withheld | _____ | _____ | _____ | _____ |

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| August | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| September | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| October | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| November | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| December | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| January | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| February | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| March | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| April | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| May | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| June | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Rev 7/2015