

**Alexandria City Public Schools**  
**AUTHORIZATION TO ADMINISTER MEDICATIONS**

*One medication per form*

<b>PART I Demographics</b>			
Student Name (Last, First, Middle):			Date of Birth:
School:	School Year:	Grade:	
<b>PART II Prescription and/or Non-prescription (OTC) Medication - to be completed by LICENSED PRESCRIBER</b>			
Diagnosis:	ICD-10 Code	Reason for medication:	
Medication:		Other medications currently being taken:	
Dosage at school:	Frequency:	Route:	
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time interval at which it may be given again:			
Possible side effects:		Effective Date: [ ] Current School Year OR [ ] From: To:	
Licensed Prescriber's Printed Name:			Daytime Phone:
Licensed Prescriber's Signature:			Date:
<b>PART III Student Carried Non-prescription (OTC) Medication - to be completed by PARENT/LEGAL GUARDIAN</b>			
<i>My child is in grade 6-12 and the medication was first given at home with no harmful reactions. My child <b>may</b> self-carry a one dose supply of the below listed medication, for the current school year. (Antibiotics/Antivirals may be given for up to 10 days without a prescriber's signature, if medication is in the original pharmacy container.)</i>			
Medication:	Dose:	Route:	Frequency:
Reason for medication:	Effective Date: [ ] Current School Year OR [ ] From: To:		
<b>PART IV Parent/Legal Guardian Authorization - to be completed by PARENT/LEGAL GUARDIAN</b>			
<i>My signature gives permission for the school nurse or principal's designee to administer medications as listed above. I give permission for the school nurse or the principal's designee to contact the healthcare provider, if necessary. I also agree to pick up unused medication at the end of the school year. I understand that medications not picked up by the parent/guardian will be discarded at the end of the school year. I have read the reverse side of this form and assume responsibility as required.</i>			
Parent/Legal Guardian Printed Name:			
Parent/Legal Guardian Signature:			Date:
<b>PART V TO BE COMPLETED BY THE SCHOOL NURSE OR PRINCIPAL'S DESIGNEE</b>			
<i>I have received this form with all pertinent parts completed and signed. (Part II may be written on a Prescriber's stationary or prescription pad and attached to this form.) I have received the medication in the original pharmacy container. I have reviewed all the information and medication may be administered per the ACPS policy.</i>			
School Nurse or Principal's Designee's Printed Name:			
School Nurse or Principal's Designee's Signature:			Date:

**Alexandria City Public Schools**  
**AUTHORIZATION TO ADMINISTER MEDICATIONS**  
**Parent/Legal Guardian Information**

Prescription, non-prescription, and over-the-counter (OTC) medications shall be administered to students in ACPS when medication is required during the school day or at school activities in order to maintain a student's health, support student learning, or intervene in a medical emergency. The goal of ACPS is to administer medications safely. Your help is needed to achieve this goal.

**All medications: Prescription, Non-Prescription, and Over-the-Counter, given by the School Nurse or the Principal's Designee must have:**

- a written order from a licensed prescriber
- written authorization from the parent
- parent permission to exchange information with the prescriber

**Students in Grade 6 – 12 may self-carry** and administer one dose of OTC medication during the school day with parent/legal guardian authorization as indicated on the Authorization to Administer Medication Form.

Please arrange to give all medications at home whenever possible. However, if your child needs medications at school, follow these instructions:

1. **Provide a completed Authorization to Administer Medication Form**, one per medication. A new 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.
  - a. A separate Virginia Asthma Action Plan, a FARE Food Allergy & Anaphylaxis Emergency Care Plan, a Virginia Diabetic Medical Management Plan, and an Epilepsy Foundation Seizure Action Plan are required for students with asthma, allergies, diabetes mellitus, or seizures.
  - b. Antibiotics/Antivirals may be given for 10 school days without a prescriber's signature if the medication is in the original pharmacy container.
2. **Provide the medication in the original container.** All prescription medication must come in the original pharmacy container and labeled with the following information: Child's name, medication's name, prescriber's name, dose/amount to be given, time to be given – specify hour or activity (E.g. 12 noon, after lunch, before P.E.), and current expiration date.
  - a. When medication is prescribed for both home and school use, ask the pharmacist for two labeled containers, one for home and one for school use.
  - b. Non-prescription medication must come in the original container with original label, a current expiration date, and the child's name written on the container.
  - c. Due to the potential hazards of a student carrying medications, the **parent/legal guardian must transport medications to and from school** and deliver to the School Nurse or the Principal's Designee.
  - d. **Any communications involving medication changes must be done in writing.** For immediate changes in medications, the School Nurse may be informed with a personal phone call from the prescriber describing the change. However, a written order must be received within three days. Failure of the parent/legal guardian to effectively communicate changes in medication instructions removes the School Nurse or the Principal's Designee from responsibility.
3. Medication will be administered no more than 30 minutes before or after the prescribed time.
4. Medications kept at school will be **stored in a locked area** of the health office accessible only to authorized school personnel.
5. When medication must be administered during a **field trip or other off-campus school activity**, the medication shall be transported by the Principal's designee who has been trained in a VDOE course on medication administration. The medication shall be transported in a container/envelop labeled by the School Nurse with medication name, dose, route, and time, containing the appropriate amount of medications needed for the event.
6. **Unused medication must be picked up at the school by the parent/legal guardian** within one week of the expiration date of order or by the last day of the school year. Medication left in the clinic beyond that time will be destroyed.