



## CCPS Medication Safety and Effectiveness Waiver Form for Non-FDA Approved Medication for Children

Carroll County Public Schools Medication Procedure requires that authorized prescribers provide additional information when a non-FDA approved medication has been prescribed to be administered at school. Individual blister packs must be labeled with the student's full name, date of birth, date and time to be given, and that it is a non-FDA approved medication.

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To be completed by authorized prescriber in addition to CCPS Medication Form:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medication Prescribed: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

When to consult with the authorized prescriber: \_\_\_\_\_

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**I am aware that the safety and effectiveness of the above medication has not been established in children. In my medical opinion, it is necessary that this medication be administered at school. This medication may be administered by the school health nurse under my direction. I assume full responsibility for any untoward effects.**

Authorized Prescribe Name (please print): \_\_\_\_\_

Authorized Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Parent/Guardian Name (please print): \_\_\_\_\_

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

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Received by Nurse (please print): \_\_\_\_\_

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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