



CCPS Medication Safety and Effectiveness Waiver Form for Non-FDA Approved Medication for Pediatric Use

Carroll County Public Schools Medication Procedure requires that authorized prescribers provide additional information when a non-FDA approved medication for pediatric use 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.

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: _____

I am aware that the safety and effectiveness of the above medication has not been established for pediatric use. 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 Prescriber Name (please print):

Authorized Prescriber Signature: _____ Date: _____

Parent/Guardian Name (please print):

Parent/Guardian Signature: _____ Date: _____

Received by Nurse (please print):

Nurse Signature: _____ Date: _____
