*Frederick County Public Schools*

# Request and Authorization/Parental Consent for Administering Long Term Prescription Medication DURING SCHOOL HOURS

The Frederick County Public Schools require that if a prescribed medication is to be taken by a student while he is in school, the school MUST have the following information.

1. A signed order from the physician
2. A signed consent from the parent or legal guardian or eligible student.
3. The medication in the pharmacy labeled original container.

**THIS APPLIES TO ANY LONG TERM PRESCRIPTION MEDICATION.**
**(Long Term=one month or more)**

The medication **must** be kept in the school health office. It is the responsibility of the student to come for it at the proper time.

Student's name: _____ Grade: _____

Student's Date of Birth: ____/____/____

Allergies: _____

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## TO BE COMPLETED BY PHYSICIAN

Medication Name: _____

Relevant Diagnosis: _____

Dosage: _____ Specific time to be given: _____

*Precautions, Special Instructions, Possible Side Effects, Comments:*

_____

_____

_____

**Inhaler/EpiPen ONLY**: The student is both capable and responsible for self-administering this medication.
__ NO __YES (Supervised) __YES (Unsupervised) Student may carry his/her Inhaler/EpiPen __YES __ NO.

Physician's Signature: _____

Physician's Name (Printed): _____

Address: _____

Phone No.: _____ Fax No.: _____ Date: _____

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## PARENTAL CONSENT

I am the parent or legal guardian of _____.
I give my permission for him/her to take the above prescribed medication(s) while in _____ School. I hereby acknowledge that I have read and understood the School Board policy and regulations relating to the taking of medications. I will comply with the school's policies and procedures.

_____ _____ _____
Parent/Guardian/Eligible Student Signature Daytime Phone Date