



Request for Administration of Medication

Medications can be administered during school hours, if necessary, with this completed form for any over the counter (OTC) or prescription medications.

I understand that:

- All medications must be approved by the United States (US) Food and Drug Administration.
- **Prescription medications** must be from a US pharmacy in the original prescription labeled container, which states the student's name, date, name of licensed practitioner, name of the medication, medication strength, route and frequency of medication, instructions for use and name of pharmacy filling the prescription. A licensed practitioner's signature is required on this form within 10 school days of parent or guardian's request for administration. We recommend that you ask the pharmacy for three labeled prescription containers: one for home, one for the school clinic and one for field trips. Expired medication will not be administered.
- **Over the counter medications** must be distributed by a US manufacturer/lab and in the original container with an intact manufacturer's label. Only parent or guardian signature is needed on this form *unless* the medication request is for more than 10 consecutive school days and/or at the school's discretion. Expired medication will not be administered.
- All medication must be BROUGHT TO THE SCHOOL CLINIC BY PARENT/GUARDIAN. Students may not have medication in their possession, unless considered an emergency medication. Completion of this form, FCS Authorization to Carry Emergency Medication form and appropriate care plan is required in such circumstances.
- Parent/Guardian must provide the medication, related supplies, or equipment along with specific instructions for administration.
- It is the parent or guardian's responsibility to inform the school of any pertinent changes in their student's medication and/or health condition.
- The school nurse is not always available to assist in administering medication, and the student may be assisted by an FCS employee designated by the school administration.
- With the completion of this form, FCS employees may contact my child's health care provider and/or pharmacy to acquire clarification concerning this medication.
- Medications must be PICKED UP BY PARENT/GUARDIAN. Any medication not picked up from the school by the last school day of the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal laws/rules by the school nurse and an administrator.
- Any student possessing a prescription or OTC medication not in accordance with these guidelines will be considered in violation of FCS Board Policy JCDAC: Student Drug Use and shall be subject to the discipline set forth in FCS Code of Conduct.

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Medication Name: _____ Dose: _____

Route: _____ Time(s) of Administration: _____

Allergies: _____ Stop Medication on: _____

**I hereby give my permission for my child to receive this medication at school. I hereby release and discharge the Forsyth County Board of Education and its employees and officials from all liability in case of accident or any other mishap in supervising said medication due to any side effects, illness, or other injury which might occur to my child through supervising said medication. I hereby release officials from any liability because of any injury or damage which might occur.*

Parent/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

Home Phone _____ Work Phone _____ Cell phone _____

To be completed by Licensed Practitioner (as required)

Condition/Illness Requiring Medication: _____

Possible Side Effects of Medication: _____

Other Medication Student is Taking: _____

Licensed Practitioner's Signature: _____ Date: _____

Licensed Practitioner's Name Printed: _____ Phone: _____

Parent/Guardian Picked Up Medication: _____ Date: _____

Parent Signature: _____ Nurse: _____ Date: _____