

**CALVERT COUNTY SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This form is valid only for school year (current) \_\_\_\_\_ including the summer session.

School: \_\_\_\_\_, Calvert County Public Schools.

**This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.**

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.
- The school RN/LPN will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

**Prescriber's Authorization**

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

Condition for which medication is being administered: \_\_\_\_\_

Medication Allergy: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

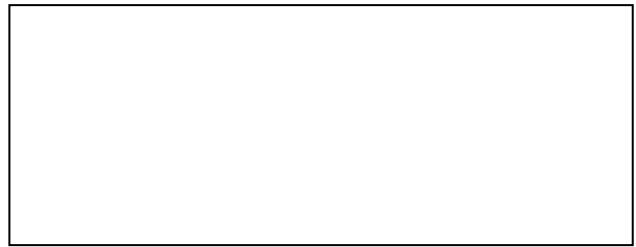
Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_  
(Type or print)

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature or signature stamp ONLY)



(Use for Prescriber's Address Stamp)

**PARENT/GUARDIAN AUTHORIZATION**

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school RN/LPN to communicate with the health care provider as allowed by HIPAA.

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

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of **emergency** medication for airway-constricting disorders may be authorized by the prescriber and must be approved by the school RN/LPN according to the medication policy.

Prescriber's authorization for self-carry/self-administration of emergency medication: \_\_\_\_\_  
Signature Date

School RN/LPN approval for self-carry/self-administration of emergency medication: \_\_\_\_\_  
Signature Date

Order reviewed by school RN/LPN: \_\_\_\_\_  
Signature Date

## Information for the Administration of Medication at School

Administrative Procedure 3900.3 governs the administration of medication in the school setting. This service is offered to parents/guardians and students to promote wellness and decrease absenteeism. When there is a need for a student to receive medication in school, safe and proper administration is essential. It is encouraged and preferred that medications not be given during the school day. However, when in the opinion of the prescribing provider the student needs to receive medication during the school day, the parent/guardian must adhere to the following:

1. The parent/guardian **must obtain and sign** a written order from the authorized prescriber using the School Medication Administration Authorization Form. Each medication order must be on a separate authorization form. Copies are available at your child's school, local physicians' and dental offices, and on the Calvert County Public Schools website.
2. The parent/guardian needs to bring the completed authorization form, a current emergency form, and a supply of medication to the nurse.
3. **THE STUDENT WILL NOT TRANSPORT MEDICATIONS TO SCHOOL.**
4. All over-the-counter, homeopathic, and herbal medications must adhere to the same procedures as prescription medications. They must be labeled appropriately and have orders from an authorized prescriber.
5. Each medication must be in the original pharmacy container. The student's name, medication, directions for administration, authorized prescriber's name, the date of the prescription and the expiration date must be on container. If necessary, ask the pharmacist to divide the medication in two containers (one for home, and one for school).
6. Any change in the medication order must be submitted on a new medication form.
7. It is the responsibility of the parent/guardian to give the first dose of any new drug, except for emergency medications (such as auto-injectable epinephrine).
8. When controlled drugs are received at school, the parent/guardian and the school nurse will count and sign for the drug. The nurse will only accept a 60-day supply of a controlled substance.
9. It is the responsibility of the parent/guardian to provide a continuous supply of medication for the duration of the order and to retrieve any unused or discontinued medications.
10. Medications will be destroyed one week after the end of the school year.

Parents are encouraged to review Administrative Procedure 3900.3, Section IV, "Regarding Medication Administration" for additional information on field trips.

[Procedure 3900.3](#)

Also see Administrative Procedures for Policy #3900.4, Section II, Regarding Use of Asthma Drugs and Related Medications.

[Procedure 3900.4](#)

Please contact your school nurse, or the Student Services Department at 443-550-8460 if you have any questions or concerns.