Request for Administration of Medication

Medications may be administered during school hours, if necessary, with a completed form for each individual over the counter (OTC) or prescription medications; ***a separate form is required for each medication.***

I understand that:

- All medications must be approved by the United States (US) Food and Drug Administration (FDA).
- **Prescription medications** must be dispensed by a US pharmacy and provided in the original prescription labeled container, including the student's name, date, licensed practitioner's name, medication name, strength, route, frequency, administration instructions, and pharmacy name. A licensed practitioner's signature is required on this form within 10 school days of the parent/guardian request for administration. We recommend requesting three labeled prescription containers from the pharmacy: 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/laboratory and provided in the original container with the manufacturer label intact. Only a parent/guardian signature is required on this form *unless* the medication is requested 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 possess medication unless it is authorized as an emergency medication. In such cases, completion of this form, the FCS Authorization to Carry Emergency Medication form, and appropriate care plan is required.
- The parent/guardian is responsible for providing the medication, related supplies or equipment, and specific administration instructions.
- It is the parent/guardian's responsibility to inform the school of any changes to the student's medication and/or health condition.
- The school nurse may not always be available to administer medication; therefore, the student may be assisted by an FCS employee designated by school administration.
- By completing this form, I authorize FCS employees to contact my child's health care provider and/or pharmacy for clarification regarding this medication.
- Medications must be picked up by a parent/guardian. Any medication not picked up by the last school day of the year will be considered abandoned and properly discarded by the school nurse and an administrator in accordance with local, state, and federal laws and regulations.
- Any student possessing a prescription or OTC medication in violation of these guidelines will be considered in violation of FCS Board Policy JCDAC: Student Drug Use and shall be subject to disciplinary action in accordance with the FCS Code of Conduct.

Name of Student: _____ **Date of Birth:** _____

School: _____ **FCS Student Number:** _____

Medication Name: _____**Dose:** _____

Route: _____ **Time(s) of Administration:** _____

Health Condition Requiring Medication: _____

Allergies: _____ **Stop Medication on:** _____

Licensed Practitioner Name (PRINT)	Parent Name (PRINT)
Licensed Practitioner Signature & Credentials	Parent Signature
Date: _____	Date: _____
Licensed Practitioner Office Stamp:	I authorize my child to receive this medication at school. I release and hold harmless the Forsyth County Board of Education, its employees, and officials from any and all liability arising from or related to the administration or supervision of this medication, including but not limited to any side effects, illness, injury, adverse outcomes or actions.