Frederick County Public Schools Winchester, VA

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 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: _____

TO BE COMPLETED BY PHYSICIAN

Medication Name: _____

Relevant Diagnosis: _____ICD 10 DX Code_____

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 their Inhaler/EpiPen ___YES ___NO

Physician's Signature: _____

Physician's Name (Printed): _____

Address: _____

Phone No.: _____ FAX No.: _____ Date: _____

PARENTAL CONSENT

I am the parent or legal guardian of _____

I give my permission for school personnel to administer the above medication, care for my child, and contact the provider as necessary regarding the above medication while attending _____ _____School. I assume full responsibility for providing the school with the prescribed medication and I hereby acknowledge that I have read and understand the School Board policy and regulations related to the taking of medications. I will comply with the school's policies and procedures

_____ _____ _____

Parent/Guardian/Eligible Student Signature | Daytime Phone # | Date