

## **MEDICATION AUTHORIZATION**

## **Release and Indemnification Agreement**

PLEASE READ INFORMATIO			)E					
	R GUARDIAN T							
I hereby request Fairfax Coun as directed by this authorization claims, expenses, demands, or physician, parent or guardian responsibility as required.	on. I agree to release r actions, etc., again	se, indemnify, and hold ast them for helping this	harmless FCPS, student use med	FCHD, SACC, an ication, provided I	d any of their officers, sta FCPS, FCHD, and SACC	ff members, or agents staff members comply	from lawsuits, with the	
Has the student taken this medication before?			irst full dose must be given at home to ensure that the student does not have a negative reaction.)  vas given: Date Time					
Student Name (Last, First, M	iddle)							
Date of Birth School Name						School Year	Grade	
No School Board employee, principal or his or her designe				edication or treatm	ent, as an exception unde	r School Board policy,	unless the	
Parent or Guardian Signature	Daytime	e Telephone	Date					
SYMPTOM	S FOR HEADAC C AND ANTIVI	CHE, MUSCLE ACH	E, ORTHODO	NTIC PAIN, OI	UNTER MEDICATION R MENSTRUAL CRA LETE AND SIGN FOR	MPS AND FOR		
The Fairfax County Health necessary medication that p specific emergency situation outdoor education programs should be written in lay lang	ossibly can be takens. School persons and overnight fie	en before or after school nel will, when it is abs ld trips and school cris	ol should be so olutely necessar	prescribed. Injec ry, administer me	table medications are no dication during the scho	ot administered in sch ol day and while part	ools except in icipating in	
Diagnosis								
Medications								
If medication is given on an a	s-needed basis, spec	cify the symptoms or co	onditions when m	edication is to be t	aken and the time at which	ch it may be given agai	n.	
Dosage to be given at school or SACC, (e.g. mg, ml, or cc)				Time(s) or interval between times to be given				
Effective date  Current School Year From To To				is taking more than one medication at school, list sequence in which medications				
Physician Name (Print or Type) Physician Signature			uture		Telephone or Fax	Date		
Parent or Guardian Name (Print or Type)  (Not required if physician signs)  Parent or Guardian Signature					Telephone	Date	<u> </u>	
PART III PRINCIPAL	OR PRINCIPA	L DESIGNEE TO CO	OMPLETE					
Check √ as appropriate								
Parts I and II above are co	omplete including s	ignatures. (It is accepta	ble if all items in	part II are written	on the physician's station	nery or a prescription pa	ad.)	
					h any unused medication is to be collected by the parent. yeek after expiration of the physician order or on the last day of school.)			
Principal or Designee Signatu	ure	Date						

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

SS/SE-63 7/13 Distribution: Original-School, Copy-Parent or Guardian

## PARENT INFORMATION ABOUT MEDICATION PROCEDURES

- 1. Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period. Any medication taken in school or SACC must have a parent or guardian-signed authorization; some medications also require physician orders. Medication must be kept in the school health room or other school-approved location during the school day. The parent or guardian must transport medications to and from school, except a high school student may carry an over-the-counter medication to and from the school health room.
- 2. No medication will be accepted by school or SACC personnel without receipt of completed and appropriate medication forms.
- 3. A physician may use office stationery or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations:
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken in school, (e.g. milligrams per tablet, milligrams per ml/cc) as applicable
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed
  - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is unacceptable.)
  - Duration of medication order or effective dates
  - Physician's signature
  - Date
- 4. All prescription medications, including physician's prescription drug samples, <u>must</u> be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication <u>must</u> be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
  - Name of student
  - Exact dosage to be taken in school (e.g. milligrams per tablet, milligrams per ml/cc)
  - Frequency or time interval dosage is to be administered
- 5. The first dose of any new medication must be given at home.
- 6. The parent or guardian is responsible for submitting a new form to the school and to SACC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
- 7. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
- 8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
- 9. The student is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the school health room at the appropriate time. **Medication can be given no more than one half hour before or after the prescribed time.**
- 10. The Fairfax County Health Department, Fairfax County Public Schools, and Fairfax County School Age Child Care do not assume responsibility for authorized medication taken independently by the student.
- 11. In no case may any health, school, or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulations.

SS/SE-63 7/13 2