

**LOUDOUN COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR MEDICATION ADMINISTRATION**

BUS# _____

PARENT/ GUARDIAN SECTION

Student _____ DOB _____ Age _____ Grade _____

School _____ Homeroom Teacher _____

Parent/ Guardian Signature _____ Date _____

Parent/ Guardian Printed Name _____

Signature gives permission for principal's designee to administer prescribed medication and gives principal's designee permission to contact physician/ dentist if necessary. For over-the-counter medication, parent's signature gives principal's designee permission to administer medication.

PHYSICIAN/ DENTIST SECTION
(Must be completed by Physician/ Dentist)

PRESCRIPTION MEDICATIONS:

Name of Medication _____

Reason medication is needed, unless confidential _____

Dosage _____ Length of Time _____

Time of Day to be Administered _____

If potentially serious side effects exist, please outline any necessary emergency response on a separate sheet.

Physician/ Dentist Signature _____ Date _____

Physician/ Dentist PRINTED Name _____

Physician/ Dentist Phone _____ Fax _____

Physician/ Dentist Address _____

OVER-THE-COUNTER MEDICATIONS:

Name of Medication _____

Dosage/ Length of Time _____

Time of Day to be Administered _____

Side Effects _____

Received By _____ Date _____

DISTRIBUTION: Original to be kept with medication, Copy to Student Health Record, Copy to Physician

Loudoun County Public School Authorization For Medication Parent Information

Health offices in Loudoun County Public Schools are committed to caring for many students' health needs.

Parents/Guardians are advised to give medications at home whenever possible. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- Medication must be brought to school in the original container with appropriate label intact. Parent/guardian must bring medication to the Nurse, Health Clinic Specialist, or designee. Medication will be kept in a locked medicine area of the clinic.
- The Nurse/Health Clinic Specialist must have written instructions from the physician in order to administer **prescription medications**. These should include:
 - Student's name
 - Name and purpose of medicine
 - Dosage and time of administration
 - Possible side effects and actions to take if those occur
 - End date for administering the medicine
 - Parent signature gives permission to administer medicine and to contact physician if necessary
 - Physician's signature
- All prescription medicine must be in the original pharmacy bottle with proper label containing the student's name, medication, dosage, and instructions for administration. If you ask, the pharmacy will give you an extra bottle for liquid or tablets with the proper amount of medicine for school.
- **Non-prescription medicine:**
 - Must be in an original package with the name of the medicine and instructions.
 - Must have a signed and dated note or the Medication Administration form from the parent regarding when and how much medicine to administer.
 - Will be given according to the amount listed on the package for your child's age and weight unless the doctor's orders on a medication form indicate differently.
- Children who are ill and have fevers should be kept at home. They may return to school when fever free for 24 hours without use of medication.
- Be sure to keep the emergency contact phone numbers and information up-to-date so that we can reach you if your child is ill or injured.