

**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 medicine and gives principal's designee permission to contact physician/ dentist if necessary. For Over-the-Counter medicine, parent's signature gives principal's designee permission to administer medicine.*

**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 given: \_\_\_\_\_

*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 Given: \_\_\_\_\_

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

**Parents/Guardian 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 assistant, or designee. Medication will be kept in a locked medicine area of the clinic.
- The Nurse/ Health Clinic Assistant 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 form 12:3 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 have fevers should be kept at home for at least 24 hours after fever subsides.
- 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.