NORTHAMPTON COUNTY PUBLIC SCHOOLS
Health Services Department
7207 Young Street
Machipongo, Virginia 23405
Phone: 757-678-5151 ext: 4470 ncpsk12.com Fax: 757-282-7647

# Authorization/Parental Consent for Administering Medication

(Use a separate authorization form for each medication.)

STUDENT'S LAST NAME _____, FIRST NAME _____, M.I. _____

STUDENT NUMBER _____ GRADE _____ DATE OF BIRTH _____/_____/_____

Allergies _____

## Parental Consent

I am the parent or guardian of _____. I give my permission for him/her to take the following prescribed medication while in _____ School. I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ School and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the above licensed prescriber.

_____ _____ _____

Parent/Guardian Signature Daytime Phone Date

## Medication Authorization
## (For Use By Licensed Prescriber ONLY)

Relevant Diagnosis _____ Medication _____

Dates medication must be administered at school: _____Short Term (List dates to be given_____)

____Every day at school ____Episodic/Emergency Events ONLY

Dosage (Amount) _____ Route _____ Form _____ Time(s) of Day _____

A. Serious reactions can occur if the medication is not given as prescribed: __ YES __ NO

If yes, describe:

B. Serious reactions/adverse side effects from this medication may occur: __ YES __ NO

If yes, describe:

Action/Treatment for reactions: _____

Report to you: __YES __ NO (Drug information sheet may be attached.)

Special Handling Instructions: ____ Refrigeration ____Keep out of sunlight ____ Other _____

**Asthmatic/Diabetic ONLY**

This student is both capable and responsible for self-administering this medication:

___ NO ___ YES – Supervised ___ YES – Unsupervised

This student may carry this medication: ___ NO ___ YES

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

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|---|---|
| Book | Regulations |
| Section | J - Students |
| Title | Administering Medicines to Students |
| Code | JHCD-R |
| Status | Active |
| Adopted | August 20, 1997 |

If a student must take medication during school hours, it must be prescribed by a physician or dentist. Parents or guardians must supply written instructions and information concerning possible side effects, from the doctor or dentist prescribing the medication. These instructions including parental consent for administration, must be kept on file at school. In the absence of the school nurse, the principal or his/her designee may administer the medication after a review of directions by the school nurse. Medication will be stored in a locked cabinet in the school clinic. A record will be kept of all medication dispensed. Teachers should be made aware of the student's need for medication in order to excuse them at the proper time Detailed guidelines for administration of medications may be found in Northampton County's Health Services Manual.