

Request for Administration of Medication

Medications can be administered during school hours, if necessary, with this completed form for any over the counter (OTC) or prescription medications.

I understand that:

- All medications must be approved by the United States (US) Food and Drug Administration.
- **Prescription medications** must be from a US pharmacy in the original prescription labeled container, which states the student's name, date, name of licensed practitioner, name of the medication, medication strength, route and frequency of medication, instructions for use and name of pharmacy filling the prescription. A licensed practitioner's signature is required on this form within 10 school days of parent or guardian's request for administration. We recommend that you ask the pharmacy for three labeled prescription containers: one for home, one for the school clinic and one for field trips. Expired medication will not be administered.
- Over the counter medications must be distributed by a US manufacturer/lab and in the original container with an intact manufacturer's label. Only parent or guardian signature is needed on this form *unless* the medication request is for more than 10 consecutive school days and/or at the school's discretion. Expired medication will not be administered.
- All medication must be BROUGHT TO THE SCHOOL CLINIC BY PARENT/GUARDIAN. Students may not have medication in their
 possession, unless considered an emergency medication. Completion of this form, FCS Authorization to Carry Emergency Medication
 form and appropriate care plan is required in such circumstances.
- Parent/Guardian must provide the medication, related supplies, or equipment along with specific instructions for administration.
- It is the parent or guardian's responsibility to inform the school of any pertinent changes in their student's medication and/or health condition.
- The school nurse is not always available to assist in administering medication, and the student may be assisted by an FCS employee designated by the school administration.
- With the completion of this form, FCS employees may contact my child's health care provider and/or pharmacy to acquire clarification concerning this medication.
- Medications must be PICKED UP BY PARENT/GUARDIAN. Any medication not picked up from the school by the last school day of
 the year will be considered abandoned. Abandoned medication will be properly discarded in accordance with local, state, and federal
 laws/rules by the school nurse and an administrator.
- Any student possessing a prescription or OTC medication not in accordance with these guidelines will be considered in violation of FCS Board Policy JCDAC: Student Drug Use and shall be subject to the discipline set forth in FCS Code of Conduct.

Name of Student:		Date of Birth:
School:	Grade:	Teacher:
Medication Name:		Dose:
Route: Time(s)	of Administration:	
Allergies:		Stop Medication on:
*I hereby give my permission for my child to County Board of Education and its employe- said medication due to any side effects, illne medication. I hereby release officials from a	es and officials from all liability in casess, or other injury which might occur	se of accident or any other mishap in supervising to my child through supervising said
Parent/Guardian Name (Print)	Parent/Guardian Signature	Date
Home Phone	Work Phone	Cell phone
To be co Condition/Illness Requiring Medication:	mpleted by Licensed Practitioner	
Possible Side Effects of Medication:		
Other Medication Student is Taking:		
Licensed Practitioner's Signature:		Date:
Licensed Practitioner's Name Printed: _		Phone:
Parent/Guardian Picked Up Medication:		
Parent Signature:	Nurse:	Date: