

Prince William County Schools Authorization for Medication Administration

School Year: _____

Student's Information	
Last Name: _____	First Name: _____ DOB: _____
Student ID #: _____	Allergies: _____ Grade: _____
Parent/Guardian: _____	Phone: _____
Has the student taken this medication before? ☐ Yes ☐ No If no, the first full dose should be given at home to decrease the risk of student having a negative reaction at school.	
Prescription Medication: Healthcare Provider to Complete (one form for each medication)	
Diagnosis/Condition for which medication is to be administered: _____	
Name of Medication: _____	
Dosage: _____	Route: _____ Time of Administration: _____
Discontinuation Date: _____ or End of School Year: ☐	
Special Considerations (open capsule, crush, mix, etc.): _____	
Possible Side Effects: ☐ None expected ☐ Specify: _____	
Healthcare Provider Signature: _____	
Date: _____	
Healthcare Provider PRINTED Name/Stamp: _____	
Healthcare Provider Phone: _____ Address: _____	
Over-The-Counter Medication: Parent/Guardian to Complete (one form for each medication)	
Must Be a Brand New Unopened Bottle	
Reason medication is to be administered: _____	
Name of Medication: _____	
Dosage: _____	Route: _____ Time of Administration: _____
Discontinuation Date: _____ or End of School Year: ☐	
Possible Side Effects: ☐ None expected ☐ Specify: _____	
Parent/Guardian Authorization	
Parent/Guardian Name: _____ Phone: _____	
My signature gives permission for the principal's designee to follow this plan, administer prescribed medication, and contact healthcare provider if necessary. I also agree to pick up any unused medication at the end of the school year. I understand that medication not picked up by a parent/guardian at the end of the school year will be discarded.	
Parent/Guardian Signature: _____ Date: _____	
To Be Completed with Health Office Staff	
Medication received: _____ # pills/capsules/ml/other	
Medication received by: _____ / _____	
Health Office Staff Signature/Date	Parent Signature/Date
Medication picked up by: _____ / _____ # returned	
Health Office Staff Signature/Date	Parent Signature/Date

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Parent Information About Medication Procedures



1. Medications should be taken at home whenever possible so that the student does not lose valuable classroom time.
2. The first dose of any NEW medication should be administered at home.
3. If it is absolutely necessary for the student to take medication at school, an "Authorization for Medication Administration" form must be received for each medication and must be submitted to the Health Office staff with the medication to be administered at school. Use the appropriate form for asthma, allergy, seizure and diabetes medications. Medication will not be accepted without the appropriate form.
4. Parents must provide written instructions from the healthcare provider for prescription medication to be administered by PWCS staff. The "Authorization for Medication Administration" form is preferred, but the healthcare provider may use office stationery or a prescription pad with the following information: Student's name and date of birth, Duration of medication order/effective dates, Name and purpose of medication, Possible side effects, Dosage, time & route of administration, Healthcare provider's signature/date.
5. Medications must be brought to the Health Office by a parent/guardian (PWCS reg.757-4) per Virginia Code 22.1-274. Students with diabetes, asthma, or life-threatening allergies may carry the following medications (such as insulin, Glucagon, inhalers, Epinephrine auto-injectors) throughout the school day with the written consent of the physician, school nurse and parent/guardian as indicated on the "Medication Administration" form. Otherwise, students are not permitted to transport medications to and from school or carry any medication while in school.
6. Medication Containers:
 - ❖ Prescription medications- must be in the original pharmacy bottle with proper label containing: Student's name, Name of Medication, Dose / amount to be administered and route, time to be given, Healthcare provider's name, Date
 - ❖ Non-prescription medications (OTC- over-the-counter) - must be in the original packaging and include dosage instructions.
7. Prescription information on bottle label must match the healthcare provider's information on the "Authorization for Medication Administration" form. Ask the pharmacy to provide a properly labeled bottle for school.
8. Staff will not cut/break pills. Parents/Guardians should cut/break pills or request the pharmacy to cut pills into the correct dose.
9. Medication must be given in its original form unless written directions from the healthcare provider states otherwise. For example- open capsule or crush pill and mix with applesauce/yogurt, etc.
10. Medications will be given no more than 30 minutes before or after the prescribed time.
11. Over the counter medication will only be administered according to directions on the bottle or box. If a higher dosage is required, the "Authorization for Medication Administration" form must be completed and signed by the healthcare provider.
12. Medication must be stored and administered in the health office unless the criteria for self-carry are met.
13. Only daily medications and emergency epinephrine, seizure medications and asthma inhalers will accompany students on field trips unless otherwise ordered by a healthcare provider.
14. A new "Authorization for Medication Administration" form is required at the start of the school year and each time there is a change in the dosage or time at which a medication is to be taken.
15. Parents/Guardians should not bring in more than a 30-day supply of prescription medicine at a time.
16. Any herbal or natural alternative medications (botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicinal, vitamins, minerals, etc.) require an Authorization for Medication Administration form signed by the healthcare provider and parent/guardian.
17. Unused medication MUST be picked up by a parent/guardian on the last day of school or it will be destroyed.