

**MONTGOMERY COUNTY PUBLIC SCHOOLS**  
**MEDICATION PERMISSION FORM**

**We appreciate your help in avoiding the administration of medication during school hours.**  
**Whenever possible, please have medication given at home, before or after school.**  
**Please complete this form for all medications that need to be given during school hours.**  
**Please see procedures on reverse side of page.**

|   |   |  |        |
|---|---|--|--------|
| NAME OF STUDENT (LAST, FIRST, MI):  |   | STUDENT'S DATE OF BIRTH (MONTH/DATE/YEAR): |        |
| School:   | Teacher:  |  | Grade: |
| Allergies:  |   | Medication:                                |        |
| Dosage:   | Form/Route of Administration:                     | Time(s) of Administration:                 |        |
| If medication to be given "when needed" describe indications and how often it can be repeated:  |   |  |        |
| List significant side effects/adverse reactions to be reported to the doctor:   |   |  |        |
| Student is able to self-administer medication: Yes_____ No_____   |   |  |        |
| <b>(Emergency medications and/or grades 9-12 only-see # 5 and #6 on back of page)</b>   |   |  |        |
| Student authorized to carry own inhaler: Yes_____ No_____   |   |  |        |
| Start Date:   |   | End Date:                                  |        |
| <b>A licensed prescriber's signature is required for all prescription medications. This signature is also required for any non-prescription medications to be given more than 3 consecutive days.</b>   |   |  |        |
| <b>Date:</b>  | <b>Physician/Licensed Prescriber's Signature:</b> |  |        |
| <b>Phone:</b>   | <b>Address:</b>                                   |  |        |
| I request that authorized school personnel assist my child in taking the medication(s) described above while at school. I have read and accept the procedures listed on the back of this page. I authorize a representative of the school to share information regarding this medication with the licensed prescriber signing above. I understand that Montgomery County School Board and its employees are not responsible for the effects of the medication administered. |   |  |        |
| Date:   | Parent/Guardian Signature:                        |  |        |
| Parent/Guardian Telephone:  |   |  |        |
| Home:   |   | Work:                                      |        |
| Emergency Phone/ Contact Person:  |   |  |        |

## **Administrative Procedures for Administering Medications to Students**

Administration of medications will be permitted on school property only when medically necessary and under the direct supervision of appropriate staff members. The first dose of any newly prescribed medication should always be given at home. Please notify the school of any changes in the child's condition or medication. For the safety of our students, the following procedures will be followed:

- 1) If prescription medications are to be given at school, written orders must be provided and signed by the physician, or other licensed prescriber. These orders must specify the name of the medication, dosage, and the time to be given. The medication permission form must also be signed by the parent or guardian of the student.
- 2) If non-prescription medications are to be given at school, the medication permission form must be completed and signed by the parent or guardian, indicating the name of the medication, dosage, time to be given and the reason for the administration. Non-prescription medication can be administered no longer than three (3) consecutive days, after which time a completed medication permission form from a physician or other licensed prescriber must be provided.
- 3) All medication is to be brought to school by the parent or guardian in the original, properly labeled container. The information on the container must match the information on the medication permission form. Any change in the prescription requires a new permission form.
- 4) If a parent or guardian is unable to deliver the medication to the school, he/she **MUST CALL THE SCHOOL** to report that the medication is being delivered by the student. Be sure to send the medication permission form as well.
- 5) Children in grades 9-12 may self-administer non-prescription medication only with a completed medication permission form from the parent. This form must be on file with the school. The student may only carry the dosage to be used at school that day, in the original container.
- 6) Students with emergency medications, such as inhalers, epi-pens or insulin, may carry and self-administer these medications only if the written permission of a licensed prescriber and the parent is on file with the school. Parents of children needing such emergency medications are advised to contact the school nurse so a care plan can be developed.
- 7) Parents must provide refills of medication. Parent requests to withhold or discontinue medication must be reported to the prescribing physician.
- 8) Medication not picked by the end of the school year will be discarded.
- 9) **Sharing and distributing prescription medication with others may result in a recommendation of expulsion.**