

**ALEXANDRIA CITY PUBLIC SCHOOLS  
AUTHORIZATION TO ADMINISTER MEDICATION**

Name of student: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Year: \_\_\_\_\_ Name of School: \_\_\_\_\_  
Birth Date: \_\_\_\_\_

**NOTE TO PARENTS/GUARDIANS:**

We attempt to discourage administration of medications during school hours. We request that whenever possible, medication be scheduled during non-school hours. Information shall be shared with staff on a "need to know" basis. The Alexandria City Public Schools require compliance with the following regulations for students who need medication during school hours:

1. All medication shall be delivered by the parent/guardian to the school nurse.
2. A written consent form signed by the parent or legal guardian is required before medication can be given.
3. All medications except those noted in #5, #6 and #7 must have signed physician authorization to the school nurse BEFORE medication can be given.
4. Prescription medication must be in a container appropriately labeled and dated by the pharmacist.
5. Grades K-8: Non-prescription medication must be in the original unopened container and will be given for five consecutive days only; administration for longer than five days requires a physician order. (Parents/Guardians will need to pick medication up from the school clinic)
6. Grades 9-12: Non-prescription medication will be given or carried only with written parental permission, stating medication, dosage and frequency. Liquid medication will be kept in the school health office; students may carry a one day supply of capsule or tablet medications. Written parental permission is valid for the current school year, and must be signed and dated by the school nurse who keeps the original completed form and gives a copy for the student to carry.
7. Prescribed antibiotics to be given for up to fourteen days will not require a physician's note, but need to be properly labeled in a pharmacy container that can remain in the school. Ask the pharmacist to prepare an additional labeled bottle for the school.
8. Epi-pens, inhalers and/or injectable medications require a separate authorization form.
9. When medication must be administered during a field trip or other off-campus school activity, the medication shall be transported by the staff member designated to administer the medication.

**PART I: TO BE COMPLETED BY PARENT/GUARDIAN:**

I, \_\_\_\_\_, the parent of \_\_\_\_\_, request that the school nurse or, in the nurse's absence, the principal or the principal's designee, be caretaker of and administer the following medication to my son/daughter \_\_\_\_\_  
(Medication Name) (Dose)

I have given the first dose of this medication at home. I release the Alexandria City Public Schools from the responsibility of any adverse side effects of this medication.

Other medication currently being taken: \_\_\_\_\_  
Name: \_\_\_\_\_  
(Signature) (Printed/Stamped)

Telephone Number: \_\_\_\_\_  
(Home) (Work/Emergency)

**PART II: TO BE COMPLETED BY PHYSICIAN/LICENSED PRESCRIBER:**

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Name of medication (no abbreviations): \_\_\_\_\_  
Dosage at school: \_\_\_\_\_ Time/frequency: \_\_\_\_\_  
Reason for medication: \_\_\_\_\_  
Possible side effects: \_\_\_\_\_  
Other medication currently being taken: \_\_\_\_\_  
Physician/Licensed Prescriber's Name: \_\_\_\_\_  
(Signature) (Printed/Stamped)

Telephone Number: \_\_\_\_\_ Rev. 4/08