

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

AUTHORIZATION TO ADMINISTER
PRESCRIBED MEDICATION
Release and Indemnification Agreement

PART I - TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (DHHS) personnel to administer prescribed medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless MCPS and DHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and DHHS staff are following the physician's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student: _____ Birthdate: ___/___/___ School: _____

Prescription: Renewal New If new, the first full day's dosage was given at home on: ___/___/___

List all medication(s) student is taking, including over-the-counter medication(s): _____

Parent/Guardian Signature Phone Number Date

PART II - TO BE COMPLETED BY THE PHYSICIAN

The Montgomery County Department of Health and Human Services and the Montgomery County Public Schools discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before or after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication: _____ Diagnosis: _____
Trade name and/or generic

Dosage: _____ Time(s) To Be Given At School: _____

Route of Administration: _____ Effective Dates: From ___/___/___ To ___/___/___

Side Effects: _____

If PRN, specify: c/o (please circle): cough shortness of breath difficulty breathing

When indicated _____ Use spacer (please circle): YES NO

Frequency of administration _____

Physician's Name (print/type) Phone Number

Physician Signature Date

PART III - TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

Check as appropriate:

Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the physician's stationery/prescription blank.)

Prescription medication is properly labeled by a pharmacist.

Medication label and physician order are consistent.

Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

___/___/___ Date any unused medication is to be collected by the parent or guardian (within one week after expiration of the physician's order).

Principal/School Nurse Signature Date

INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written physician order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physician may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. School or Health and Human Services personnel will not administer medication brought to school by a child.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must have been given at home before it can be administered at school.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of either the Montgomery County Public Schools or Montgomery County Department of Health and Human Services. Medications without accompanying physician's orders and parental consent will not be stored in the health room.