

Calvert County Public Schools
 Prince Frederick, Maryland 20678
Medication Prescriber and Parent/Guardian Authorization Form

Student Name _____ D.O.B. _____ Teacher _____ Grade _____ School Year _____
 The administration of medication in the school setting is a service offered to parents/guardian and students to promote wellness and decrease absenteeism. Employees of Calvert County Public Schools can not administer medications, including over the counter drugs, without the written authorization from parent/guardian and authorized prescriber. Any change in the medication order must be submitted on a new medication form.

To be Completed by Authorized Prescriber:
 One Medication Order Per Form

Medical Diagnosis: _____ Allergies: _____

Medication	Dosage	Time to be given	Form/Route	Side Effects	Adverse Reactions

Start Date: _____ Stop date: _____

If PRN a.) For what symptoms _____ b.) How often? _____

Special instructions: (vital signs, give with food, etc.) _____

Authorized Prescriber (Print clearly) _____ Telephone # _____

Authorized Prescriber's Signature: _____ Date: _____

The parent/guardian is responsible to provide this completed form, the medication in its original container and a current emergency form. The initial dose of a new medication must be given by the parent/guardian.

THE MEDICATION WILL NOT BE TRANSPORTED BY THE STUDENT.

I request and give permission for (Name) _____ to receive the above medication according to Calvert County Public School Policy. I allow the authorized prescriber and the school nurse to share information regarding medication issues.

Parent/Guardian Signature: _____ Date: _____ Phone: _____ School: _____