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 a separate form for each medication to be given during school hours, on field trips, and/or after school activities.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Student (Last, First, MI): | | | | | | Student’s Date of Birth (M/D/Y): | |
| School: | | | Grade: | | Teacher: | | |
| 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 doctor: | | | | | | | |
| Student is able to self-administer medication: (circle one) ***YES***  **(Emergency medications and/or grades 9-12 ONLY. See #5 & #6 of Administrative Procedures for Administering Medications to Students)** | | | | | | | |
| Start Date: | End Date: | | | In addition, this medication *must* be taken on: (circle)   1. ***Field trip***  *2. After school activity 3. Overnight field trip* | | | |
| For morning medications: who will administer medication in case of a school delay? (please circle)  1-hour delay: *Parent School Staff*  2-hour delay: *Parent School Staff* | | | | | | | |

***A licensed prescriber’s signature is required for all prescription medications to be given at school.***

|  |  |  |
| --- | --- | --- |
| Date: | Physician/Licensed Prescriber Signature: | |
| Phone: | | Address: |

I request that authorized school personnel assist my child in taking the medication described above while at school. I have read and accept the medication guideline for MCPS. I authorize a representative of the school to share information regarding this medication with the licensed prescriber signing above. I understand that MCPS Board and its employees are not responsible for the effects of the medication administered.

|  |  |  |
| --- | --- | --- |
| Date: | Parent/Guardian Signature: | |
| Home Phone: Work Phone | | Emergency Phone:: |

*Revised 8.28.2018*

**MCPS MEDICATION GUIDELINES**

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

1. If **prescription medications** are to be given at school, the MCPS Medication Permission Form must be provided and signed by a licensed prescriber and 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/guardian of the student. A separate medication permission form must be completed for each medication. Any change in the prescription requires a new permission form.
2. Any **non-prescription medications** from the school’s supply may be given only with permission from parent as noted on the electronic Student Health Information Form.
3. If **non-prescription medications** other than stock supply are to be given at school, the Medication Permission Form must be completed and signed by the parent/guardian and specify the name of the medication, dosage, time to be given, and the reason for administration. A separate medication permission form must be completed for each medication. Non-prescription medication can be given *no longer than 3 days in a row*; after this, a completed Medication Permission Form from a licensed prescriber must be provided.
4. All medication is to be *brought to school by the parent/guardian or other authorized adult* in the *original, properly labeled container*. If the parent/guardian is unable to deliver the medication to the school, s/he *MUST CALL* the school to report that the medication is being delivered by the student.
5. The information on the container must match the information on the Medication Permission Form.
6. Students in **grades 9-12** may self-administer non-prescription medication only with a completed medication form from the parent on file at school. The student may only carry the dosage to be used at school that day, in the original container.
7. Students with **emergency medications**, such as inhalers, epipens or insulin, may carry and self-administer these medications only if 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.
8. Parents must provide refills of medication. Per state law, any request to withhold, discontinue or change the dose or schedule of a medication will be reported to the prescribing doctor.
9. Parents are responsible for picking up any unused medication. Any medication not picked up by the last day of school will be destroyed.
10. If your child requires **medication on a** **field trip**, the medication (in its original container) must be given to the school nurse *no less than 3 school days before the field trip*.
11. **SHARING OR DISTRIBUTING MEDICATION WITH OTHERS MAY RESULT IN A RECOMMENDATION OF EXPULSION.**

*Revised 6.11.2018*