

# MEDICATION AUTHORIZATION

## Release and Indemnification Agreement



PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

### PART I PARENT OR GUARDIAN TO COMPLETE

I hereby authorize Fairfax County Public Schools (FCPS), Fairfax County Health Department (FCHD), and School Age Child Care (SACC) personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless FCPS, FCHD, SACC, and any of their officers, staff members, or agents from lawsuits, claims, expenses, demands, or actions, etc., against them for helping this student use medication, provided FCPS, FCHD, and SACC staff members comply with the licensed prescriber, parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Has the student taken this medication before?  Yes  No (If no, the first full dose must be given at home to ensure that the student does not have a negative reaction.)  
First dose was given: Date \_\_\_\_\_ Time \_\_\_\_\_

Student Name: Last		First	Middle
Date of Birth	School Name	School Year	Grade

No School Board employee, public health nurse (PHN), licensed practical nurse (LPN), or school health aide shall administer medication or treatment, as an exception under School Board policy, unless the principal or his or her designee has personally reviewed all the required clearances. I give permission for the Public Health Nurse (PHN) to contact the below named licensed prescriber to clarify information provided on the order should the need arise.

Parent or Guardian Signature \_\_\_\_\_ Daytime Telephone \_\_\_\_\_ Date \_\_\_\_\_

### PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER-THE-COUNTER MEDICATION PER MANUFACTURER'S RECOMMENDATION FOR RELIEF OF SYMPTOMS FOR HEADACHE, MUSCLE ACHE, ORTHODONTIC PAIN, OR MENSTRUAL CRAMPS FOR THE ENTIRE SCHOOL YEAR. OVER-THE-COUNTER MEDICATIONS FOR SYMPTOMS OTHER THAN HEADACHE, MUSCLE ACHES, MENSTRUAL CRAMPS, ORTHODONTIC PAIN, INCLUDING ANTIBIOTICS, AND ANTIVIRAL MEDICATIONS MAY BE GIVEN FOR TEN CONSECUTIVE SCHOOLDAYS WITH ONLY THE PARENT OR GUARDIAN'S SIGNATURE. LICENSED PRESCRIBER MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS.

The Fairfax County Health Department and Fairfax County Public Schools discourage the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and overnight field trips and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

Diagnosis \_\_\_\_\_

Medication	Route (Oral, Injection, Inhalation, Topical, Buccal, Rectal, etc.)
If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time between doses.	
Dosage to be given at school or SACC, (e.g. mg, ml)	Time(s) or interval between doses
Effective Date: _____ <input type="checkbox"/> Current School Year OR <input type="checkbox"/> From _____ To _____	If the student is taking more than one medication for the same symptom(s), list sequence in which medications are to be taken:

Licensed Prescriber Name (Print or Type) \_\_\_\_\_ Licensed Prescriber Signature \_\_\_\_\_ Telephone or Fax \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Name (Print or Type) \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_ Telephone \_\_\_\_\_ Date \_\_\_\_\_  
(Not required if licensed prescriber signs)

### PART III PRINCIPAL OR PRINCIPAL DESIGNEE TO COMPLETE

Check  as appropriate:  
 Parts I & II above are complete including signatures. (It is acceptable if all items in Part II are written on the licensed prescriber's stationery or a prescription pad.)  
 Medication is appropriately labeled. \_\_\_\_\_ Date by which any unused medication is to be PICKED UP by the parent or guardian. (Within one week after expiration of this authorization or on the last day of school.)

Principal or Principal Designee Signature \_\_\_\_\_ Date 4/8/26 Student ID \_\_\_\_\_

Information from the Fairfax County Public Schools student scholastic record is released on the condition that the recipient agrees not to permit any other party to have access to such information without the written consent of the parent, guardian, or eligible student.

## PARENT/GUARDIAN INFORMATION ABOUT MEDICATION PROCEDURES

1. **The first dose of any new medication must be given at home with the exception for a rescue medication.** Medications should be taken at home whenever possible so that the student will not lose valuable classroom time or have a shortened lunch period.
2. The parent or guardian must provide FCPS and SACC a supply of medication to be administered during the school day and in SACC. Only a 30-day supply of medication should be brought into school at a time. **The parent or guardian must transport medications to and from school, except a high school student may carry an over-the-counter medication to and from the school health room.**
3. Any medication taken in school or SACC must have a parent or guardian-signed authorization; some medications also require licensed prescriber's orders. No medication will be accepted by school or SACC personnel without receipt of completed and appropriate medication forms. If parent or guardian requests to pause a medication with a licensed prescriber's order, it requires a letter from the licensed prescriber or a new authorization to restart the medication.
4. A licensed prescriber may use office stationery or a prescription pad in lieu of completing Part II. Include the following information written in English lay language with no abbreviations:
  - Name of student
  - Date of birth
  - Reason for medication or diagnosis
  - Name of medication
  - Exact dosage to be taken in school (e.g., mg, ml)
  - Route of administration
  - Time to take medication and frequency or exact time interval dosage is to be administered
  - Sequence in which the medications should be taken in cases where more than one medication is prescribed - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again. ("Repeat as necessary" is unacceptable.)
  - Duration or effective dates of medication order
  - Licensed prescriber's signature and date
5. All prescription medications, including licensed prescriber's prescription drug samples, **must** be in their original containers and labeled by a licensed prescriber or pharmacist in English. **The pharmacy label must match the authorization.** Non-prescription medication should always be kept in the **original, unopened bottle or box** with the name of the medication visible and no more than 100 pills/tablets/capsules. The following information must be included on the OTC label for the original container:
  - Name of student
  - Route of administration
  - Exact dosage to be taken in school (e.g., mg, ml)
  - Frequency or time interval dosage is to be administered
6. The parent or guardian is responsible for submitting a new form to the school and to SACC at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken. If parent or guardian requests to pause a medication, it must be in writing and a new medication authorization form needs to be completed.
7. Medication must be kept in the school health room or other school-approved location during the school day.
8. Medication kept in the school will be stored in a locked area accessible only to authorized personnel.
9. The student is to come to the school health room, or to a predetermined location, at the prescribed time to receive medication. Parent or guardian should develop a plan with the student to ensure that the student goes to the school health room at the appropriate time. **Medication can be given no more than one half hour before or after the prescribed time.**
10. The Fairfax County Health Department, Fairfax County Public Schools, and Fairfax County School Age Child Care do not assume responsibility for authorized medication taken independently by the student.
11. In no case may any health, school, or SACC staff member administer any medication outside the framework of the procedures outlined here and/or in FCPS regulations.
12. Within one week after expiration of this authorization, discontinuation of medication or on the last day of school, the parent or guardian must pick up any unused portion of the medication. Medications not claimed within that period will be destroyed.