

## Bedford County Public Schools Authorization for Medication Administration

### Student Information: Parent/Guardian to Complete

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ ID #: \_\_\_\_\_ School: \_\_\_\_\_

### Prescription Medication: Healthcare Provider to Complete (one form for each medication)

Diagnosis/Condition for which medication is being administered: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Route:  Oral  Other: \_\_\_\_\_ Time to be Given: \_\_\_\_\_

Discontinue Date:  School Year (including summer school/ESY)  Other: \_\_\_\_\_

Special Instructions (open capsule, crush, mix, etc.): \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Healthcare Provider Printed Name/Stamp: \_\_\_\_\_ NPI #: \_\_\_\_\_

Healthcare Provider Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

### Over-the-Counter Medication: Parent/Guardian to Complete (one form for each medication)

Reason medication is to be given: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Route:  Oral  Other: \_\_\_\_\_

Dosage (per package instructions): \_\_\_\_\_ Time to be Given: \_\_\_\_\_

Discontinue Date:  School Year  Other: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

### Parent/Guardian Authorization

My signature gives permission for the principal's designee to administer the prescribed or over-the-counter medication above and gives the principal's designee permission to contact the healthcare provider if necessary to clarify the order. I also agree to supply the medication/supplies and pick up any unused medication at the end of the school year. I understand that medication not picked at the end of the school year will be discarded.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medication Received

Controlled Med (see counting sheet)

Other \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

#### Medication Picked Up

Controlled Med (see counting sheet)

Other \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_