

NORTHAMPTON COUNTY PUBLIC SCHOOLS
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Med Appendix A-1

MEDICATION CONSENT FORM

Note: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

1. The school must be provided written orders from a health care provider detailing the name of the drug, dosage and time interval medication is to be given.
2. The school must be provided with the signature of parent/guardian requesting that the school comply with the health care provider's order and to contact the health care provider if necessary.
3. Medication must be brought to school by the parent/guardian or other reliable adult in the original container with appropriate label intact. Secondary students may bring necessary medication to school and give to school nurse or designee at the beginning of the school day. Medication must be kept in the locked area of the clinic. If medication is not properly labeled, it will not be given.
4. The current date of the prescription must appear on the prescription bottle.
5. Only a maximum of one month's supply of prescribed medication will be kept on hand in the school clinic.

Physician Please Complete:

1. Name of Medication: _____
Dosage: _____
2. Name of Medication: _____
Dosage: _____

Date of Order: _____ Duration of Order: _____

(If duration of order exceeds school term, renewal of order is necessary.)

Name of Student: _____ DOB: _____ School: _____

Condition(s) Prescribed For: _____

Possible Side Effects: _____

Doctor's Signature: _____ Phone#: _____

Doctor's Name: (Print) _____

Parent/Guardian-Please Complete:

I request that the school permit my child to receive the medication (s) above as ordered by the physician. I give my permission for the nurse to contact the physician if necessary.

Parent/Guardian Signature: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____