



Medication Order for West Virginia Public Schools — Putnam County (HS-18)

SCHOOL YEAR _____ (Includes Extended School Year/Summer Program)

Student Name: _____	Birthdate: _____
Grade: _____	Teacher: _____
SCHOOL: _____	

TO BE COMPLETED BY LICENSED PRESCRIBER (A separate administration of medication form is required for each medication)

Diagnosis: _____ Allergies: _____

Medication: _____ Dosage: _____ Time: _____ Route: _____

Intended Use: _____ Possible Side Effects: _____

Other Prescribed Medications: _____

Initial if this medication can be administered by trained unlicensed personnel _____

Initial if student may self-administer this medication in accordance to policy _____

Initial if student may carry this medication on his/her person in accordance to policy _____

Prescriber's Name (please print): _____

Telephone Number: _____ Fax Number: _____

Prescriber's Signature: _____ Date: _____

This form must be filled out and signed by a licensed prescriber and the parent/guardian for all medication to be given in the school setting. A separate order is required for each medication and orders are good for the current school year only. All medication changes (dosage, time, etc.) require the completion of another form. A photograph of this student may be taken to assist in the correct administration of medication. Medication may be given by unlicensed school personnel to whom the nurse has delegated medication administration and trained to administer medication. All medication must be sent to school in the original container bearing the student's name. Medication will not be administered at school if information is incomplete.

I understand that, whenever possible, all medications should be given at home. I give permission for my child _____ to take the above medication at school according to county policy. I also understand and agree that the school nurse may talk with the clinician and his or her staff, as well as school personnel, regarding the student's condition and administration of this medication and its effects. I further understand that the school, county school board and its employees and agents are exempt from any liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student and agree to indemnify and hold harmless the school, the county board of education and its employees or guardians and agents against any claims arising from the self-administration of medication.

The medication must be hand delivered by the parent/guardian to designated school personnel, in original labeled pharmaceutical container or manufacturer labeled container.

Parent/Guardian signature to approve administration of medication _____

Daytime phone number _____