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 Arlington County's Department of Human Services (DHS)/School Health Bureau and Arlington Public Schools personnel, including unlicensed persons, to give the medication described below as directed by this authorization. I agree to release, indemnify, and hold harmless Arlington Public Schools, Arlington Department of Human Services/School Health Bureau, Arlington County, and any of its officers, staff members, or agents from any lawsuit, claim, expense, demand, or action, etc., against them arising out of or in connection with assisting this student by administration of this medication to him/her as requested by the parents, including any adverse effects to the medication. I acknowledge that this student has no contraindications, including allergies, to this medication. I have read the "Parent Information about Medication Administration at School" on the reverse side and assume the responsibilities as set forth.

Student Name (Last, First, Middle):	**Date of Birth**:	**Grade**:

Teacher (Last Name):	**School**:	**Attends Extended Day?** ☐ Yes ☐ No

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: _____

Parent/Guardian Signature:	Daytime Telephone:	Date:

PART II: PARENT/GUARDIAN MAY COMPLETE THIS SECTION, WITHOUT A PHYSICIAN'S SIGNATURE, FOR ANY NON-PRESCRIPTION MEDICATION THAT MEETS THE CRITERIA LISTED IN SECTION #2 ON THE REVERSE.

- **PHYSICIAN MUST COMPLETE THIS SECTION FOR ANY PRESCRIPTION MEDICATION OR FOR CERTAIN NON-PRESCRIPTION MEDICATIONS, AS INDICATED UNDER #3 ON THE REVERSE.**

The Arlington Department of Human Services/School Health Bureau discourages medications to be given to students at school during the school/extended day. Please prescribe for before or after school, if at all possible.

Diagnosis (Condition for which medication is being administered):	**Name of Medication**:

Dosage to be given at school (for example, mg, ml, or cc):	**Route** (for example, oral, topical):	**Time:** Is this a PRN (as-needed) medication? ☐ Yes ☐ No If YES, go to next box. If NO, what time (s) should medication be given? ☐ Before Lunch ☐ After Lunch OR _____ ☐ a.m. ☐ p.m.

If medication is to be given on an as-needed (PRN) basis, specify the symptoms or conditions when medication is to be taken and the length of time interval for repeating the dose/medication (for example, *every 6 hours as needed for headaches*):

If student is taking more than one medication, list the sequence in which medications are to be taken:	**Effective:** Start Date: _____ End date: ☐ End of School Year OR ☐ Date: _____

Signature(s):

_____	_____	_____	_____
Physician Name (Print or Type)	Physician Signature	Telephone	Date
_____	_____	_____	_____
Parent/Guardian Name (Print or Type) **(Not required if signed by physician)**	Parent/Guardian Signature	Telephone	Date

PART III: ARLINGTON COUNTY DHS/SCHOOL HEALTH BUREAU STAFF TO COMPLETE

Check as appropriate:

☐ Parts I and II above are complete, including signatures

☐ Medication is in original container and is properly labeled

Med. Expiration Date: _____

_____	_____	_____
SHA Signature and Date	Name of PHN Contacted by Phone and Date	PHN Signature and Date

PARENT INFORMATION ABOUT MEDICATION ADMINISTRATION AT SCHOOL

The goal of the School Health Bureau in the administration of your child's medications is SAFETY – the right medicine, to the right child, in the right amount, at the right time. Your help is needed to achieve this goal! Please arrange to give all doses of medications at home whenever possible. However, if your child needs medication at school, please be aware of the following:

1. Any medication taken in school must have a completed Medication Authorization Form (reverse). A separate form is required for each medication. This form must be signed by a parent/guardian; some medications also require a physician's signature (see #3 below).

- This form is valid until the end of the current school year (which includes summer school), unless otherwise noted
- Medication will not be accepted without this Medication Authorization Form
- Faxed copies of this form are accepted
- A new Medication Authorization Form must be submitted at the start of every school year and each time there is a change in the dosage or the time in which medication is to be given
- Medications for asthma, allergies, seizures, and diabetes use their own medication authorization forms. To obtain these forms, contact the school clinic or go to the School Health website: https://health.arlingtonva.us/public-health/school-health

2. This Medication Authorization Form may be completed by the parent/guardian - and without a physician's signature – for non-prescription (over-the-counter) medications when the following criteria is met:

- Medication is FDA approved
- Medication is not an herbal/alternative remedy (including botanicals, oils, dietary or nutritional supplements, homeopathic medicine, phytomedicines, vitamins, minerals, and products containing cannabinoid, such as CBD or THC)
- Medication is given for relief of symptoms as directed on the packaging label
- Dosage amount and time intervals follow the age-appropriate manufacturer's guidelines on the packaging label

3. A physician's signature is required on this Medication Authorization Form for the following:

- All prescription medications, including short-term antibiotics
- Any non-FDA approved medication or any herbal/alternative remedies (as listed above in #2)
- Any medication administered rectally or parenterally (i.e.: intramuscularly or subcutaneously)
- Any non-prescription medication in which the dosage amount or time interval differs from the packaging label
- Any non-prescription medication that is given for 10 or more consecutive days

4. High-school students may self-carry and self-administer up to 2 doses of a non-prescription medication without a Medication Authorization Form.

5. All medications must be transported to and from the school clinic by a parent/guardian, unless the student is 18 years or older or is an emancipated minor.

6. The first dose of any medication must be given at home.

7. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. When the medication needs to be taken at home AND at school, ask the pharmacist for two (2) labeled containers – one for home and one for school.

8. All non-prescription (over-the-counter) medications must be in the original container with the name of the medication, the dosage, the directions for administration, and the expiration date clearly visible. Please write student's name on the container.

9. The student is to come to the clinic (or to a predetermined location) at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the clinic at the appropriate time. Medication can be given no more than 30 minutes before or after the prescribed time.

10. If student has special requirements for taking the medication (e.g., with applesauce, medicine needs to be broken in half, etc.), please discuss this with the clinic staff. If medications need to be broken in half, this must be done by parent. Clinic staff are not authorized to break pills in half.

11. Medications kept in the clinic are sent with student's teacher on all APS field trips that take place during the school day. Please discuss arrangements with APS staff/teacher for medications that are needed for any over-night or week-end field trips.

12. Please collect any unused portion of the medication within one week after expiration of the medication, within one week of the end date on the Medication Authorization Form, and/or on the last day of school. Medications not claimed within that period will be disposed of appropriately.