

**FREDERICKSBURG ACADEMY
REQUEST AND AUTHORIZATION FOR ADMINISTRATION OF MEDICATION**

The Fredericksburg Academy Nurse's Office MUST have the following in order to administer medication to students during school hours (this applies to all prescription and over-the-counter medications, treatments, ointments and creams, including pain relievers/fever reducers such as Tylenol and Motrin):

- **Part I: Consent to Administer Medication** completed and signed by the parent or legal guardian
- **Part II: Physician Medication Authorization Order** (reverse side of this document) completed and signed by the prescribing healthcare provider. A **separate** Part II: Physician Medication and Authorization Order must be completed and signed by the prescribing healthcare provider for **each** medication. To print additional copies of Part II, please download the Request and Authorization for Administration of Medication form on the "Forms to Download" page of www.fredericksburgacademy.org.
- **The medication** brought in by the parent or guardian in the original prescription bottle with the original label by the pharmacist as prescribed by law (over-the-counter medication must be in the original container).

**PART I: CONSENT TO ADMINISTER MEDICATION
(to be completed by the parent or guardian)**

I hereby request and authorize Fredericksburg Academy personnel to administer medication as directed by my healthcare provider. I agree to release, indemnify, and hold harmless Fredericksburg Academy and any of its officers, staff members, or agents from lawsuit, claim demand, or action, etc. against them for administering medication to this student, provided Fredericksburg Academy staff are following the Physician's Medication Authorization Order as written in Part II. I have read and discussed the medication policy with my child and assume the responsibilities as required. I understand that this Request and Authorization for Administration of Medication (Parts I and II) are valid only for the 2010-2011 school year. Medication may be given by school personnel only if the prescribing healthcare provider completes the Physician Medication Authorization Order (Part II). Fredericksburg Academy will make all reasonable efforts to give medication in a timely fashion, but the final responsibility for administration of medication rests with the parents.

To Be Completed by the Parent/Guardian:

Student's Full Name: _____

Student's Date of Birth: _____ Student's Grade for 2010-2011: _____

I, _____, as the parent/legal guardian of Student, give permission for Student to receive the following medications (prescription and over-the-counter) as prescribed by a physician:

Parent/Guardian Signature: _____ Date: _____

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REQUEST AND AUTHORIZATION FOR ADMINISTRATION OF MEDICATION (continued)

PART II: PHYSICIAN MEDICATION AUTHORIZATION ORDER*
(to be completed by the healthcare provider)

** A separate Part II: Physician Medication and Authorization Order must be completed and signed by the prescribing healthcare provider for each medication. To print additional copies of Part II, please download the Request and Authorization for Administration of Medication form on the "Forms to Download" page of www.fredericksburgacademy.org.*

Fredericksburg Academy discourages the administration of medication to students during the school day. Any necessary medication which can possibly be administered before or after school should be prescribed. No medications (over-the-counter and prescription) will be administered without the completion of this form by the prescribing healthcare provider, except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day, and while participating in outdoor education programs and/or overnight field trips, according to the procedures outlined.

Please print clearly:

Student's Full Name: _____
Medication: _____
Diagnosis: _____
Dosage: _____
Time and Route to Be Given: _____
Effective Dates: _____

Physician's Full Name: _____
Address: _____
Phone Number: _____ Fax Number: _____
Signature: _____ Date: _____

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