



ROANOKE COUNTY PUBLIC SCHOOLS  
SCHOOL HEALTH SERVICES

Physician's Request and Parent Permission for Administration of Medication

Administration of medications will be permitted on school property only when medically necessary and under direct supervision of appropriate staff members. Administration of medication during school hours is discouraged; however, individual needs will be taken into consideration. For the safety of the students, the following guidelines must be enforced.

- 1. A written request using this form from a physician/practitioner detailing the **prescription** drug and the specific information below is required.
- 2. The prescription medication is to be brought to the school by the parent/guardian in the original container which is correctly labeled by the pharmacist with the name of the student, the name of the medication, dosage, name of physician, and time to be given.
- 3. Over the counter medications must be delivered by the parent/guardian in the original, unopened container.
- 4. Written parent/guardian permission is required to administer any medication.
- 5. Any change of prescription requires a new written order from the prescriber. Schools are accessible by secure FAX for quick communication.
- 6. Children in preschool programs that may require **over the counter** medications must provide a written order on this form from a physician/practitioner to administer as needed during the current school year. **Each medication requires a separate permission form. Exception: Sunscreen, Diaper Ointment, Insect Repellent do not require written order from physician/practitioner.**

Section I: To Be Completed by Parent

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

I hereby request that my child be given the medication named below while in school and away from school for official activities. I understand that the medication may be given by trained non-medical personnel. I give my permission for appropriate personnel to communicate with my child's physician in matters related to medication and health supervision. I understand and agree that the School Board of the County of Roanoke, its officers, agents, and employees are not responsible for the effects of the medication administered.

I understand that I must notify the school of any changes in my child's condition, medication, or dosage. I further understand that I am responsible for ensuring the medication safely arrives at school and for getting refills of the medication as indicated.

I do \_\_\_ do not \_\_\_ request that the designated school personnel give the above medication on school days of early dismissal/late schedule.

Parent/Guardian Name (Print) \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

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

Section II: To Be Completed By Physician/Practitioner

Name of Medication \_\_\_\_\_ Dose \_\_\_\_\_

Times of Administration \_\_\_\_\_

Reason for Medication Administration \_\_\_\_\_

Beginning Date for Administration \_\_\_\_\_ Ending Date \_\_\_\_\_

Possible Side Effects / Special Instructions or Precautions \_\_\_\_\_

Trained, unlicensed assistive personnel (UAP) may administer \_\_\_\_\_ Insulin \_\_\_\_\_ Glucagon \_\_\_\_\_ EpiPen/Epinephrine  
(check all that apply)

Physician's/Practitioner's Signature \_\_\_\_\_ Phone No. \_\_\_\_\_

