

Medication Authorization Form

- Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.1; “No Child Development Facility may provide medicine or treatment, with the exception of emergency first aid, to any child, unless the Facility has obtained a written medical order or prescription from the child’s licensed health care practitioner and the written consent of the child’s parent (s) or guardian (s).”
- Pursuant to Title 29 of the District of Columbia Municipal Regulations (DCMR), Section 377.4; “The Facility shall maintain a medication log, on a form approved by the Director, on which the Facility shall record the date, time of day, medication, medication dosage, method of administration, and the name of the person administering the medication, each time any medication is administered to a child.”

Student and medication information: Parent and physician signatures required:

I do hereby give permission to Inspired Teaching Demonstration PCS to administer the below-noted prescribed medication to my child, _____, born on _____.

Name of Medication	Time/Frequency	Dosage	Effective Dates	
			From:	
			To:	

-Reason student is taking medication (unless confidential by law): _____

-Special training, procedures or competencies the Inspired Teaching School staff will need to care for this student:

-Possible side effects: _____

-What action should the school staff take if side effects are noted?:

Contact parent Contact prescriber at this number: _____ Other: _____

(Inspired Teaching School reserves the right to contact emergency medical services at any time.)

Signature of Physician	Date
Signature of Parent/Guardian	Date

Note: This prescription must be brought to school in the original container, properly labeled by the pharmacy/physician, stating the student’s name, the medication, the dosage and current date. The medication will remain at school for the duration of the prescription.

Medication Hold Harmless Letter

To Inspired Teaching Demonstration PCS:

I am delivering to you the medication and physician’s written instructions and request this medication be given to my child in accordance with the above instructions. I fully understand that you are under no obligation to administer the medication, but will only be doing so as my agent acting on my behalf specifically and solely for this purpose.

I agree to hold you, the school, its offices, agents, and employees harmless in administering the medication. I further agree to notify you promptly when it is no longer necessary to administer this medication.

I hereby give my permission for _____ (student name) to receive, from the school personnel, _____ (prescription name). I understand that it is my responsibility to furnish the school with this medication. I give permission for the school and health care providers at the medical treatment facility to exchange information about my child, the diagnosis for which this medication is prescribed, and my child’s response to the medication.

Signature of Parent/Guardian	Date
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To be completed by school staff:

I have verified this form is complete. My signature indicates that all information needed to give this medication in school has been given to Inspired Teaching School.

Authorized Staff Name	Authorized Staff Signature	Date
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