Physician Medication Order Form

Attach Photo	Student's Name:	Date of Birth:
	School:	Grade:
	School Year (including summer):	

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

Medication Name:	Allergies:
Diagnosis/Reason for Medication:	Dose ________________________ (mg/mcg/units)
Daily Administration Time:	If PRN specify frequency:
If PRN, give for the following signs/symptoms:	
Route: ☐ PO ☐ IM ☐ SL ☐ SQ ☐ Other (specify):	
☐ Discontinue at end of school year (including summer) OR ☐ Start Date:	Stop Date:
Delayed Opening: ☐ Administer medication as late as the following time:________________________ ☐ Do not administer medication	
Early Dismissal: ☐ Administer medication as early as the following time:_______________________ ☐ Do not administer medication	
Potential Side Effects:	
Health Care Provider Name (print)	Date:
Health Care Provider Signature:	
Phone:	Fax:

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize School Health personnel and, when appropriate, trained school staff to administer the above-stated medication in accordance with school policies and Maryland State School Health Services Guidelines. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I release Meritus Health, the Washington County Board of Education, and its employees, from any claim or liability for administering prescribed medication to this student. I have read the information on the back of this form and assume the responsibilities as stated therein. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Name (print):	Date:
Parent/Guardian Signature:	
Daytime Phone:	Other Phone:

Order reviewed by the School Health RN: ______________________________________Date: ____________________________

Medication Guidelines

The following medication guidelines are used in Washington County Public Schools. These guidelines enable the school health staff to provide the best possible service to your child.

1. In order for medication to be given at school, the medication must be accompanied by a properly completed *Physician Medication Order Form.*

2. Prescription medication(s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route, directions for administration, conditions for storage, prescription date and expiration date. Maryland law allows prescription medication to be used either for 1 year beyond date of issue or by the expiration date indicated on the medication—whichever comes first.

3. Over-the-counter medication(s) must be provided to the school in the original sealed container. It is also important to make sure there is a current expiration date on it. Staff may not dispense expired medication.

4. The directions on the prescription label must match the directions on the *Physician Medication Order Form.*

5. The school nurse will call the prescriber as allowed by HIPAA if a question arises about the child and/or child's medication.
6. An adult must bring the medication to school. No medication will be sent home with a student.

7. All medication must be picked up by an adult at the end of the school year. NO medication will be sent home with your child.

8. It is recommended that your child receive the first dose of any newly prescribed medication at home.

9. The *Physician Medication Order Form* must be reviewed and signed by the school RN before medication administration can begin. The school RN is allowed at least 2 school days to review and sign the order.