

THE FLETCHER SCHOOL MEDICATION AUTHORIZATION 2023-2024

North Carolina law requires school nurses to have a physician's order on file in order to administer **all** medications to your child including over-the-counter and prescribed. The form will be used during the academic day, as well as on all school-sponsored events.

Absolutely NO medications will be administered by school personnel without the written authorization of both a physician and a parent/guardian.

Form is only valid for the 2023-2024 school year.

Student _____ D.O.B. ____/____/____ Grade _____ Weight _____

Drug Allergies: _____

PRESCRIPTION MEDICATIONS (to be completed by your child's physician)

MEDICATION	ROUTE	DOSAGE	TIMES TO BE GIVEN	SIDE EFFECTS	COMMENTS

Physician's Signature Phone Number _____ Date ____/____/____

PRINT Physician's Name Fax Number _____

PARENT/GUARDIAN AUTHORIZATION: I agree to furnish the above prescription medications as needed in a properly labeled pharmacy container with identifying information (i.e., name of child, medication dosage and time to be dispensed). On behalf of my child, I absolve The Fletcher School and its agents/employees from any and all liability whatsoever that may result from my child taking any of the above medications, both over-the-counter and prescribed.

Parent/Guardian Signature Phone Number _____ Date ____/____/____

- **Blanket Authorization for 2023-2024:** If there is any change in medication dosage, I authorize The Fletcher School to follow the prescribed change and give my permission for my child to receive medication as it is prescribed by the physicians listed above.

Signature of Parent/Guardian: _____ Date: _____

- **Authorization for Missed Medication for 2023-2024:** If my child has missed a dose of medication normally given at home, I authorize The Fletcher School to give that missed dose when I call to request it. I will provide The Fletcher School with a signed Medication Authorization form and a pharmacy-labeled container for this dosage separate from the medications given daily.

Signature of Parent/Guardian: _____ Date: _____

- **Medication Instructions for Half Days in 2023-2024:** If your child receives medication after 11:00 am, you child will **not** receive scheduled medication on half days.

MEDICATION DELIEVERED TO HEALTH ROOM:

- Medication must be in the original prescription bottle. The prescription label on the bottle must match the information on the Medication Authorization form. Personal over-the-counter medication brought in to the health room must also match the information on the Medication Authorization form.
- Medications must be personally delivered to the health room by the parent/guardian. Medication must also be picked up by a parent/guardian.
- **Overnight Field Trips for Grades 6-12:** If your child takes any medication before or after school that you would like for them to receive on overnight trips, we need to have authorization on file in order to dispense these medications. Medication must be in the original prescription bottle or original container. **All medications to be given on field trips must be delivered to the school at least seven days prior to departure.**

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Student _____ D.O.B. ____/____/____ Grade _____ Weight _____

Drug Allergies: _____

OVER-THE-COUNTER MEDICATIONS *(to be completed by your child's physician)*

Please check approved medication. All medications will be given per manufacturer's recommended dosing.

Physician Approved	MEDICATION <i>(name brand or generic)</i>	ROUTE	MEDICATION ADMINISTRATION <i>Per label instructions or as directed by a healthcare provider</i>	COMMENTS
<input type="checkbox"/>	Children's Acetaminophen (Ex: Tylenol) 160 mg chewable tablet	PO	1 to 3 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Acetaminophen (Ex: Tylenol) 325 mg tablet	PO	1 to 2 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Children's Ibuprofen (Ex: Advil/Motrin) 100 mg chewable tablet	PO	1 to 4 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Ibuprofen (Ex: Advil/Motrin) 200 mg tablet	PO	1 to 2 tablets every 4 hours as needed for pain or fever	
<input type="checkbox"/>	Children's Benadryl 12.5 mg	PO	1 to 4 tablets <i>(based on age/weight)</i> every 4 to 6 hours as needed for allergic reaction	
<input type="checkbox"/>	Benadryl 25 mg tablet	PO	1 to 2 tablets every 4 to 6 hours as needed for allergic reaction	
<input type="checkbox"/>	Cortisone 1% cream	TOPICAL	Apply topically to site 3 to 4 times a day as needed for itching area or rashes	
<input type="checkbox"/>	Throat Lozenges (Ex: HALLS)	PO	1 lozenge every 2 hours as needed for cough or sore throat	
<input type="checkbox"/>	Antacid (Ex: TUMS) Calcium carbonate USP 1000 mg tablet	PO	1 to 3 tablets as needed for upset stomach or heartburn	
<input type="checkbox"/>				
<input type="checkbox"/>				

Physician's Signature

Phone Number

_____/_____/_____
Date

PRINT Physician's Name

Fax Number

PARENT/GUARDIAN AUTHORIZATION: On behalf of my child, I absolve The Fletcher School and its agents/employees from any and all liability whatsoever that may result from my child taking any of the above medications, both over-the-counter and prescribed.

Parent/Guardian Signature

Phone Number

_____/_____/_____
Date

MEDICATION DELIVERED TO HEALTH ROOM:

- Medication must be in the original container and match the information on the Medication Authorization form.
- Medications must be personally delivered to the health room by the parent/guardian. Medication must also be picked up by a parent/guardian.
- **Overnight Field Trips for Grades 6-12:** If your child takes medication before, during, or after school that you would like for them to receive on overnight trips, we need to have authorization on file in order to dispense these medications. Medication must be in the original prescription bottle or original container. All medications to be given on field trips must be delivered to the school at least seven days prior to departure.