

THE FLETCHER SCHOOL MEDICATION AUTHORIZATION 2022-2023

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 2022-2023 school year.

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	DRUG (brand / generic)	ROUTE	DOSAGE Per label instructions	SCHEDULE	COMMENTS
<input type="checkbox"/>	Children's Acetaminophen (Ex: Tylenol)	PO	160 mg chewable tablet	Every 6 hours prn for pain or fever	
<input type="checkbox"/>	Acetaminophen (Ex: Tylenol)	PO	325 mg tablet	Up to 2 tablets every 6 hours prn pain or fever	
<input type="checkbox"/>	Children's Ibuprofen (Ex: Advil/Motrin)	PO	100 mg chewable tablet	Every 6 hours prn pain or fever	
<input type="checkbox"/>	Ibuprofen (Ex: Advil/Motrin)	PO	200 mg tablet	Up to 2 tablets every 6 hours prn pain or fever	
<input type="checkbox"/>	Children's Benadryl	PO	12.5 mg chewable tablet	Up to 2 tablets every 4 to 6 hours prn allergic reaction	
<input type="checkbox"/>	Benadryl	PO	25 mg tablet	Up to 2 tablets every 4 to 6 hours prn allergic reaction	
<input type="checkbox"/>	Cortisone 1% cream	TOPICAL	Per label instructions	As needed	
<input type="checkbox"/>	Throat Lozenges (Ex: HALLS)	PO	1 lozenge	Every 2 hours prn	
<input type="checkbox"/>	Antacid (Ex: TUMS)	PO	2 to 3 tablets	As needed	
<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 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.***