



McLEAN SCHOOL *of* MARYLAND

Request and Authorization For Administration of Medications or Treatments

Part I – To be Completed by Parent or Guardian

I hereby request and authorize McLean School personnel to administer the medicine and/or medically prescribed treatment directed by the physician (Part II below). I agree to release, indemnify, and hold harmless McLean School and any of its officers, staff members, or agents from lawsuit, claim demand, or action, etc., against them, for administering medication/treatment to this student, provided McLean School personnel are following the Physician's order as written in Part II below. I have read and discussed the medication policy with my child and assume the responsibilities as required. I understand that this Authorization is valid only for the current school year. I have read the guidelines above and on the rest of this form, and agree to adhere to them.

Student Name _____ **Birthdate** _____ **Grade** _____
Parent/Legal Guardian
Signature _____ **Telephone** _____ **Date** _____

Part II – To be Completed by Physician

I understand that medications/treatment(s) may be administered at McLean School by non-health Professionals. These individuals may be employees who volunteer to administer the medication/ treatment.

Student Name _____ **Diagnosis** _____
Medicine/or Treatment _____ **Dosage** _____
Time(s) and Route to Be Given _____
Effective Dates From _____ **To** _____
Possible complications, and/or side effects _____

Equipment needed for treatment _____
Symptoms/observations to be reported _____

List other conditions(s) and/or diagnosis(es) of student that staff need to be aware of _____

Physician Name (Print) Telephone Signature of Physician Date

Part III – To be Completed by the School Nurse

Part I and II above are completed including signatures

Signature of Nurse Date

Medication/Treatment Information

1. McLean School discourages the administration of medication to the pupils in school during the day. Any necessary medication which can possibly be administered before or after school should be prescribed. School personnel will, when it is absolutely necessary, administer medication to pupils during the school day, and while participating in outdoor education programs and/or overnight field trips, according to the procedures outlined.
2. Medication may be given by school staff only if the parent/guardian has completed (Part I) and the prescribing physician completes (Part II) of the Request and Authorization For Medication/Treatment Form. This includes prescription medication and all types of over the counter medications.
3. The first dose of any new medication must be taken at home.
4. The parent or guardian is responsible for submitting new forms to the school each time there is a change in the prescription, dosage or in the time the medication is to be taken.
5. Medications must be brought in by an adult in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law (over the counter medication must be in the original unopened container). **NO** medications will be accepted in other containers (baggies, plastic kitchen containers, re-used bottles from other medications, etc.).
6. All medications kept in the school will be stored in a locked area that is accessible only to authorized personnel.
7. Students are not allowed to carry any medications.
8. McLean School of Maryland does not assume responsibility for unauthorized medication taken independently by the student.
9. Separate emergency medications such as epi-pens, benadryl and asthma inhalers must be supplied for all after school sports activities.
10. Lunchtime medications will not be given on early dismissal days (12:00 noon).
11. A parent or guardian must personally collect any unused portion of the medication at the end of the school year. Medications not claimed will be discarded.