

Nottoway County Public Schools

Authorization/Parental Consent for Administering Medication

(Use a separate authorization form for each medication)

NAME OF STUDENT: _____ DOB: _____ Grade: _____

MEDICATION: _____

TIME TO ADMINISTER: _____

ALLERGIES: _____

Parental Consent

I am the parent of _____. I give my permission for him/her to take the following medication while in _____ (school). I hereby acknowledge that I have read and understood the School Board Regulations relating to the taking of medications. I hereby release _____ (school) and its employees from any claims or liability connected with its reliance on this permission and agrees to indemnify, defend and hold them harmless from any claim or liability connected with such reliance. I authorize a representative of the school to share information regarding this medication with the below licensed prescriber.

Parent/Guardian Signature	Daytime Phone		Date		
	CPS	BPS	NIS	NMS	NHS
	PHONE: (434)645-8149	(434)292-5300	(434)292-5353	(434)292-5375	(434)292-5373
	FAX: (434)645-2001	(434)292-4802	(434)298-0612	(434)292-7497	(434)292-3021
	T. Jennings, LPN	J. Ferguson, BSN, RN	L. Sheffield, LPN	J. Pridgen, RN, BSN	

MEDICATION AUTHORIZATION (For Use by Licensed Prescriber **ONLY**)

RELEVANT DIAGNOSIS: _____

MEDICATION: _____

TIME: _____ DOSAGE: _____

ROUTE TO BE ADMINISTERED: _____

DURATION OF ORDER: _____

Asthmatic/Diabetic **ONLY**:

This student is both capable and responsible for self-administering this medication:

_____ YES-unsupervised _____ NO

Licensed Prescriber's Name _____

Telephone Number _____ Emergency Number _____

Licensed Prescriber's Signature _____ Date: _____

- All medication forms will be effective for a period of one school year and must be renewed annually.
- Medication must be brought to the school nurse or designee by the parent or other adult.
- Medication must be labeled properly and in its original container.

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- Medication must be picked up at the end of each school year. Meds not picked up will be disposed of on the last day of school per policy.

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