



Ascend Leadership Academy
Physician's Authorization Form
For Prescription and Non-Prescription Medication

Whenever possible, medication should be administered at home. If a medication is to be administered by school personnel, a Physician's Authorization Form must be completed and signed by the prescribing physician and the parent. Prescription medication must be in the most current pharmacy labeled container. Over-the-counter medication must be provided in the original container with possible side effects listed. A new form must be completed each school year and anytime the dose or instructions change. Medication cannot be returned home with a student.

Student Name: _____ Date of Birth: ____/____/____

Parent Phone #: _____ Grade: _____ Teacher/Homeroom _____

Medication: _____ (One medication per form)

Type of Medication (Circle):

Tablet/Capsule Inhalation Liquid Ointment Injection Other: _____

Direction/Purpose of Medication:

_____.

Dose: _____ Time Medication is to be given at school: _____

Date medication is to start: _____ Date medication is to end: _____

Possible side effects (expected or predictable):

Physician's Signature: _____ **Date:** ____/____/____

I request that my child (named above) receive this medication as instructed above. I understand it is my responsibility to furnish this medication in the appropriate container to school. I give permission for school personnel to contact my child's physician regarding their medication or health condition if necessary. I understand if any remaining medication is not picked up by the last day of school, it will be disposed of.

Clinic Stamp

Parent Name (Printed): _____

Parent Signature _____ Date: ____/____/____

In order to protect your child's health:

- Your consent and written authorization from a licensed healthcare provider are required when it is necessary for your child to receive either prescription or nonprescription medication at Ascend Leadership Academy.
- No medication will be given to your child until this authorization form has been received.
- A separate form is required for each medication.
- New authorization forms are required each school year, whenever the dose or directions change, or if a new medication is prescribed.
- It is your responsibility to furnish all medication to be given at school.
- Each prescription medication must be in the appropriately labeled pharmacy container. Most pharmacies will provide a second container for school if asked.
- Non-prescription medication must be in the original manufacturer's container with recommendations and side effects listed.
- Please attach any medical plans that coincide with a health condition relating to this medicine.

SELF ADMINISTRATION OF MEDICATIONS

Asthma inhalers, epi-pens, and diabetic supplies may be carried & self-administered according to North Carolina State Law.

DEFINITION OF MEDICATIONS

Medication is defined as any oral, topical, inhaled or injected medication (whether prescribed or over-the-counter) that may be administered in compliance with the medication policy and procedures. Over-the-counter medication includes: aspirin, acetaminophen, ibuprofen, herbs, vitamins, minerals, sprays, creams and ointments. At Ascend Leadership Academy, over-the-counter medications can only be administered through a doctor's order.

CRITERIA FOR APPROVAL OF MEDICATION USAGE AT SCHOOL

- Required to maintain and support the child's continued presence in school;
- Required to maximize the child's classroom performance;
- Required in the event of an acute systemic allergic reaction or poisoning;
- Required in the event of a life-threatening emergency;
- FDA approved for use in the school setting: Note: research medications generally are not FDA approved for school settings;
- Deemed safe for use in the school setting;
- Avoid administering medications or drugs that can normally be given outside school hours, such as antibiotics or allergy shots; and
- Administration may use his/her judgment in accepting medically necessary medication normally given outside regular school hours