

Martinsville City Public Schools  
**Authorization for Medication to be Administered During School Hours**  
(Pharmacy-labeled or original manufacturer containers only)

School \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Child's Name \_\_\_\_\_ Male/Female Date of Birth \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

**To be completed by the PARENT/GUARDIAN:**

I hereby consent that authorized school personnel administer my child the medication ordered below by the prescribing physician in accordance with Martinsville City Public Schools policy.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone(s) \_\_\_\_\_

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**To be completed by the PHYSICIAN:**

Diagnosis for which medication is given: \_\_\_\_\_

Name of Medicine \_\_\_\_\_ Dosage \_\_\_\_\_

Method of administration \_\_\_\_\_

If medicine is to be given daily, at what time? \_\_\_\_\_

If there is any reason why the medication must be given at a specific time and not the present standard flexibility of ½ hour please specify. \_\_\_\_\_

If medicine is to be given "when needed" describe indications:  
\_\_\_\_\_

How soon can it be repeated? \_\_\_\_\_

List significant side effects. \_\_\_\_\_

Length of time this is ordered. \_\_\_\_\_

**\*Is child authorized to medicate him/herself?** \_\_\_\_\_

(Self-medication applies only to: diabetic supplies and equipment, insulin, inhalers, and Epi-pens.)

**\*Note: In the event a School Nurse is not present when your child may incur an identified acute allergic reaction, his/her Epi-pen/Epi-pen Jr. will be immediately administered by an adult present. The 911 EMS system will also be initiated at this time. It is not possible to follow a medication administration order prescribing Benadryl (diphenhydramine) prior to Epi-pen by anyone other than a School Nurse or trained school personnel.**

Date \_\_\_\_\_ Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_ Received by School Nurse \_\_\_\_\_