

IVYMOUNT SCHOOL
 11614 Seven Locks Road
 Rockville, Maryland 20854
 301-469-0223; fax 301-469-0778

PHYSICIAN'S MEDICATION ORDER FORM

PART I TO BE COMPLETED BY PHYSICIAN

Student: _____ Birthdate: _____

The following medications are to be given during school hours:

Medication	Dosage	Hour Given

Route of Administration/Special Instructions: _____

Side Effects: _____

____ This order is in effect for current school year.

____ This medication is only to be administered until _____.

PHYSICIAN: Print _____; Signature _____ DATE: _____

ADDRESS/OFFICE STAMP _____ PHONE: _____

PART II TO BE COMPLETED BY PARENT PARENTAL CONSENT FORM

I/we request medication scheduled to be administered after 11 a.m. on WEDNESDAY and other early release days (12:45) continue to be given with the understanding that medication cannot be administered later than 12 noon.

I/we request medication (ordered for after 11 a.m.) **NOT** be administered on early release days.

The following medications are administered at home:

Medication	Dosage	Hour Given

I hereby request and authorize Ivymount School personnel to administer prescribed medication as directed by the physician (Part I above). I agree to release, indemnify and hold harmless Ivymount School and any of their officers, staff members, or agents from lawsuit, claim, demand, or action, etc. against them for administering prescribed medication to this student, provided Ivymount staff are following the physician's order as written in Part I above. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

PARENT SIGNATURE _____ **DATE:** _____

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INFORMATION AND PROCEDURES

1. Medication may not be accepted by school personnel without receipt of the Ivymount Physicians Medication Order Form signed by both the parent/guardian and M.D.
2. A physician may use office stationary, or prescription pad and fax to 301-469-0778. Required information includes: student name, birth date, diagnosis, medication name, dosage, time to take medication, duration of medication, sequence if more than one medication is to be taken, side effects, physician signature, and date. The parent/guardian will still need to sign the parent/guardian portion of the Ivymount form.
3. The first full day's dosage of any new medication must be given at home.
4. Please make sure we have a new form each school year. Forms are good for one school year (July through June). They do not carry over from one school year to the next.
5. Parents/guardian are responsible for collecting any unused portion of medication within one week after expiration of physician order. Medications not claimed within that period may be destroyed.
6. All medications kept in school will be stored in a locked area accessible only to authorized personnel. Parents/guardian are to bring medications to school in a container appropriately labeled by the pharmacy. Medication may not be sent to school in a child's backpack or on the bus. Parents/guardians are responsible for bringing and picking up all medications including over the counter medications.
7. A written physician's order form is also required for emergency medication, over the counter medication, and short-term medications (including antibiotics).
8. Written orders from the physician will be needed any time there is a change in dosage, time of administration or discontinuation of medicine.
9. Evidence that the student is being monitored by a physician is required for psychostimulants, antipsychotics, antidepressants, anxiolytics, and seizure medication.
10. Parents or guardian will be notified via a note in the communication book when a five day supply of medication is left at school.
11. Please indicate if medication is to be given on half days of school. Noon medications will be given from 11:30 a.m. to 12:00 noon if desired by parent/guardian and/or M.D. It is not possible to administer medications after 12:00 noon on early release days.