



Government of the District of Columbia
Department of Health
Community Health Administration



MEDICATION PLAN

NAME OF STUDENT: DATE OF BIRTH:
SCHOOL: TEACHER/GRADE:

PART I: PARENT/GUARDIAN/RESPONSIBLE PERSON AUTHORIZATION AND CONSENT

Parent/Guardian/Responsible Person: Please complete and sign this section.

I hereby request and authorize the School Nurse/Trained School Employee to administer prescribed medication as directed by the licensed practitioner to Name of Student. This medication is a new (or) renewal prescription.

If new prescription, enter the date and time the first dose was given at home. Date: Time: a.m./p.m.

I hereby acknowledge that the District, and its schools, employees, and agents shall be immune from civil liability for acts or omissions under DC Law 17-107 except for criminal acts, intentional wrongdoing, gross negligence, or willful misconduct.

SIGNATURE OF PARENT/GUARDIAN/RESPONSIBLE PERSON RELATIONSHIP HOME PHONE

PLEASE PRINT NAME WORK/CELL PHONE E-MAILADDRESS DATE

PART II: LICENSED PRACTITIONER'S AUTHORIZATION FOR MEDICATION

Physician/Nurse Practitioner: Please complete and sign this plan. New Renewal Change

NAME OF STUDENT: DATE OF BIRTH:

NAME OF MEDICATION: DOSE/ROUTE:

TIME AND FREQUENCY AT SCHOOL:

DIAGNOSIS:

EXPECTED DURATION OF SCHOOL ADMINISTRATION:

Can a reaction be expected? YES NO If yes, please describe possible side effects:

Special instructions or emergency procedures:

Medication plans must be updated and the school nurse immediately notified when there is any change in the student's health or treatment requirements. Otherwise, DC law requires that medication plans be updated annually.

LICENSED PRACTITIONER SIGNATURE OFFICE PHONE DATE

PLEASE PRINT NAME E-mail Address

Please use an office stamp or clearly print the names of any other Licensed Practitioners in your practice concurrently treating this student.

Form with dashed lines for listing other licensed practitioners.

Medication Plan authorization received by:
Signature of School Nurse/Trained School Employee
DATE