



**Alexandria Public Schools**  
**Community Education**

**Medication Request and  
 Physician Authorization**

Following the medication administration policy of Alexandria Public Schools, medication will be administered only when a student's health requires a medication during Compass/Youth Enrichment (YE) program hours. Whenever possible, medication is given by parents/guardians. Compass/YE may administer oral medication. No injectable (*the only exception being Epi Pens*), any emergency seizure medications, or other medicines not given orally will be distributed/given. Medications administered must be in an up-to-date, pharmacy-labeled bottle and in the original over the counter medication container. Written authorization from the student's parent/guardian and health care professional are required for both over-the-counter and prescription drugs. Medications are kept in a locked box and administered by specific Compass/YE staff trained to dispense medication.

<b>Student Name:</b>			<b>Birthdate:</b>		
<b>Grade '20-21:</b>			<b>Compass/YE Site:</b>		
<b>Medication</b>	<b>Condition</b>	<b>Dosage</b>	<b>Time</b>	<b>Route</b>	<b>Possible Side Effects</b>

Printed Name of Physician/Licensed Prescriber: \_\_\_\_\_

Signature of Physician/Licensed Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Phone Number: \_\_\_\_\_ Clinic Fax Number: \_\_\_\_\_

**Parent/Guardian Authorization**

I request that the above medication(s) be given during Compass/YE hours as ordered by the Physician/Licensed Prescriber. I give permission to the assigned responsible adult to administer the medication be allowed on field trips, as prescribed. I understand first time and/or any changes in dose of this medication will not be administered at Compass/YE. I will notify Compass/YE by providing a new form in the event that dosage or medication changes. I will provide medication in the appropriate dosage (pills cut if needed). I understand that Compass/YE personnel are not licensed in the medical field. I release Compass/YE personnel from liability in the event that adverse reactions result from taking the medication. I release school personnel from any liability in relation to this request when the medication is given as ordered.

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