

THE MADDUX SCHOOL

11614 Seven Locks Road ♦ Rockville ♦ Maryland 20854 ♦ 301-469-0223 ♦ Fax 301-469-0778

www.madduxschool.org

PHYSICIAN’S MEDICATION ORDER FORM

PART I: TO BE COMPLETED BY PHYSICIAN & SIGNED BY BOTH PHYSICIAN & PARENT

Student: _____ Birthdate: _____

The following medications are to be given during school hours:

Medication	Dosage	Time to be 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 _____
- _____ This medication is discontinued as of _____

PHYSICIAN’S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

PART II: TO BE COMPLETED BY PARENT PARENT CONSENT FORM

The following medications are administered at home:

Medication	Dosage	Hour Given

I hereby request and authorize The Maddux School personnel to administer prescribed medication as directed by the physician (Part I above). I agree to release, indemnify and hold harmless The Maddux 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 Maddux 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 are required.

PARENT SIGNATURE: _____ **DATE:** _____

INFORMATION AND PROCEDURES

1. Medication may not be accepted by school personnel without receipt of the Maddux Physicians Medication Order Form signed by both the parent/guardian and M.D.
2. Alternatively, physician may use office stationery or prescription pad and fax to 301-469-0778. Required information includes: student name, birthdate, 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 must sign and submit the parent portion of the Maddux Form.
3. The first full-day dosage of any new medication must be given at home.
4. Please make sure we have a new form for each school year and each new or discontinued medication. Forms are good for one school year. They do not carry over from one school year to the next.
5. Parents 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. Medications may not be sent to school in a child's backpack. Parents 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 a medication.
9. Evidence that the student is being monitored by a physician is required for psychostimulants, antipsychotic, antidepressants, anxiolytics, and seizure medication.
10. Parent or guardian will be notified via written note or email when a five-day supply of medication is left at school.