



Alexandria Public Schools

**Community Education
School Age Childcare**

**Authorization for
Dispensing Medication at Compass**

Following the medication administration policy of Alexandria Public Schools, medication will be administered at Compass only when a student's health requires a medication during Compass hours. Whenever possible, medication should be given at home. Compass can only administer oral medication, we are unable to administer medications that are injectable, any emergency seizure medications, or other medicines not given orally. Medications administered must be in an up-to-date, pharmacy-labeled bottles or in the original over the counter medication container. Written authorization from the student's parent/guardian and health care professional are required for both OTC and RX drugs. Medications will be kept in a locked cabinet at Compass and will be administered by specific Compass staff trained to dispense medication. Compass does not have licensed health staff on site. All Compass Site Leaders are trained in basic First Aid and CPR.

Student Name:	Birthdate:
Grade:	Compass Site:

Medication	Condition	Dosage	Time	Route	Possible Side Effects

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 hours as ordered by the Physician/Licensed Prescriber. I also request that the medication be allowed on field trips, as prescribed. I understand that the first time my child receives this medication and/or any changes in dose of this medication will not be at Compass. I release Compass personnel from liability in the event that adverse reactions result from taking the medication. I will notify Compass 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 personnel are not licensed in the medical professional and are trained only to dispense medication and provide basic First Aid and CPR.

Parent/Guardian Signature: _____ Date: _____