THE EXPEDITION SCHOOL

Use of Medications at School

If your child must have medication, ***prescription or over-the-counter***, during school hours you have the following options:

- You may come to school to administer the medication to your child
- You may discuss an alternative schedule for medication administration with your child's physician, such as outside of school hours.
- You may obtain a TES Medication Authorization Form or a TES Common OTC Medication Authorization Form if medication is to be given during school hours. This **must**:
    - Be completed by your child's healthcare provider (MD, DO, NP, PA)
    - Include the name, dose, and frequency of use of the medication
    - Include the healthcare provider's AND the parent's sign

THE EXPEDITION SCHOOL

2026 - 2027 School Year

Common Over the Counter (OTC) Medication Authorization Form - To be completed by Health Care Provide (MD, DO, NP, PA)

Student Name: _____ **Date of Birth:** _____

Medication will be administered by the school nurse when possible, and the nurse will assess the student's condition prio to medication administration. Staff who have been trained in medication administration may administer medication as delegated by the school nurse in the nurse's absence, including during field trips.

The Expedition School *may* supply stock medication if available, but availability is not guaranteed. Any medication brought specifically for your child should be in its original container and must be delivered to the front desk by a parent or guardian. **Due to storage constraints, we can only accept bottles of 25 pills max; liquid medications of 6 oz max.**

Check the box next to any medication that you consent for your child to receive. The Health Care Provider (HCP) must note the dose that is appropriate for your child; **OR** provide **weight for weight based dosing**: _____

Medication	Approved dose, frequency, and any additional instructions/guidelines
☐ Acetaminophen 500mg tab ☐ Children's Acetaminophen 160mg chewable or liquid	
☐ Ibuprofen 200mg tab ☐ Children's Ibuprofen 100mg chewable or liquid	
☐ Calcium carbonate (Tums)	
☐ Diphenhydramine (Benadryl) 12.5mg chewable tablet	
☐ 1% Hydrocortisone Cream	
☐ Other _____	

Start Date _____ **Stop Date** _____

Doctor/Provider Signature:_____ **Date:**_____

Doctor/Provider's phone number: _____

Signature of Parent: _____

Signature of Nurse / Authorized School Personnel:_____

You may turn in a hard copy to the front desk, email to nurses@theexpeditionschool.com, or return by fax, attn: school nurse, to 919-245-8460.

- Open Preview
- ature.

- Once this is complete please bring the medication to school in its **original OTC or prescription labeled bottle**. The student IS NOT permitted to bring any medication to school; this must be brought in by the parent, guardian, or designated adult.
- Students with medical conditions such as asthma, diabetes, severe allergies, etc. ***may*** be allowed, (with approval of doctor, parent/guardian and school nurse), to keep his/her medication in their possession. In this situation, the Medication Authorization For Self-Administration form must be completed and signed by the Health Care Provider, parent/guardian and student. The student must always demonstrate responsibility when carrying the medication.

School Medication Checklist

Please review this checklist prior to bringing paperwork and medications to school

☐ Ensure you have the TES Prescription Medication Authorization Form or TES Common OTC Medication Authorization Form and that the following areas are filled out:
- ☐ Medication name, dosage, and frequency of administration
- ☐ Health care provider's signature and contact information
- ☐ Parent's signature

☐ Medication is in original packaging or prescription container (labeled baggies will not be accepted) **Due to storage constraints, we can only accept bottles of 25 pills max; liquid medications of 6 oz max. Chewable medication is preferred when available/possible.**

☐ Medication should be **hand delivered by parent or guardian** with appropriate paperwork and reviewed and signed off by the school nurse or alternative staff member. ***We cannot accept incomplete forms or improperly packaged medications.***

☐ Students with medical conditions such as asthma, diabetes, severe allergies, etc. may be allowed, (with approval of doctor, parent/guardian and school nurse), to keep his/her medication in their possession. In this situation, the Medication Authorization For Self-Administration form must be completed and signed by the Health Care Provider, parent/guardian and student ***in place of*** the TES Medication Authorization Form. The student must always demonstrate responsibility when carrying the medication.

THE EXPEDITION SCHOOL

2026 - 2027 School Year

School Prescription/OTC Medication Authorization Form

Only to be completed by Health Care Provider (MD, DO, NP, PA)

Name of student: _____ Date of Birth: _____

Name and dosage of medication:_____

Circle: **Tablet Liquid Inhalation Injection Ointment Other** _____

Time(s) and route to be given: _____

Medication Start date _____ Medication Stop date _____

Special instruction (if indicated): _____

Possible side effects/adverse reactions: _____

Additional doses (such as forgotten early morning doses)or change in dosage can only be given if the doctor has given written instructions for that dose on the Medication Authorization form.

Doctor/Provider Signature _____ Date _____

Doctor/Provider's phone number: _____

Signature of Parent: _____

Signature of Authorized School Personnel:_____

Office Stamp:

You may turn in a hard copy to the front desk, email to nurses@theexpeditionschool.com, or return by fax, attn: school nurse, to 919-245-8460.

THE EXPEDITION SCHOOL

2026 - 2027 School Year

Common Over the Counter (OTC) Medication Authorization Form - To be completed by Health Care Provider (MD, DO, NP, PA)

Student Name: _____ **Date of Birth:** _____

Medication will be administered by the school nurse when possible, and the nurse will assess the student's condition prior to medication administration. Staff who have been trained in medication administration may administer medication as delegated by the school nurse in the nurse's absence, including during field trips.

The Expedition School *may* supply stock medication if available, but availability is not guaranteed. Any medication brought specifically for your child should be in its original container and must be delivered to the front desk by a parent or guardian. **Due to storage constraints, we can only accept bottles of 25 pills max; liquid medications of 6 oz max.**

Check the box next to any medication that you consent for your child to receive. The Health Care Provider (HCP) must note the dose that is appropriate for your child; **OR** provide **weight for weight based dosing**: _____

Medication	**Approved dose, frequency, and any additional instructions/guidelines**
☐ Acetaminophen 500mg tab ☐ Children's Acetaminophen 160mg chewable or liquid	
☐ Ibuprofen 200mg tab ☐ Children's Ibuprofen 100mg chewable or liquid	
☐ Calcium carbonate (Tums)	
☐ Diphenhydramine (Benadryl) 12.5mg chewable tablet / 5ml liquid	
☐ 1% Hydrocortisone Cream	
☐ Other _____	

Start Date _____ **Stop Date** _____

Doctor/Provider Signature:_____ **Date**:_____

Doctor/Provider's phone number: _____

Signature of Parent: _____

Signature of Nurse / Authorized School Personnel:_____

You may turn in a hard copy to the front desk, email to nurses@theexpeditionschool.com, or return by fax, attn: school nurse, to 919-245-8460.

THE EXPEDITION SCHOOL

2026-2027 School Year

School Medication Authorization for Self-Administration Form

Students with medical conditions such as asthma, diabetes, severe allergies, etc. may be allowed, (with approval of doctor, parent/guardian and school nurse), to keep his/her mediation in their possession. The Medication Authorization for Self-Administration form must be completed and signed by the doctor, parent/guardian and student. The student must always demonstrate responsibility when carrying the medication.

Name of student: _____ Date of Birth: _____

Name and dosage of medication:_____

_____

Circle: **Tablet Liquid Inhalation Injection Ointment Other** _____ Date it was prescribed: _____

Time(s) and route to be given: _____

Special instruction (if indicated): _____

Possible side effects/adverse reactions: _____

Doctor/Provider Signature _____ Date _____

Parent Signature : _____

Signature of Authorized School Personnel:_____

Office Stamp:

Student:

Your signature below indicates you will be responsible with your medication including taking it at the proper time, in the proper dose, and not sharing it with anyone else.

Student Signature _____