



服用處方藥授權書

免責和免償協議

MONTGOMERY COUNTY PUBLIC SCHOOLS
MONTGOMERY COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES
Rockville, Maryland 20850

MCPS表格525-13
2019年2月
第1頁, 共2頁

第一部分: 由家長/監護人填寫

我在此請求並授權蒙郡公立學校(MCPS)和蒙郡健康和大眾服務部(DHHS)的工作人員遵照經授權處方人員的指示(下面第二部分)給我的孩子服用處方藥。只要MCPS和DHHS的工作人員遵照下面第二部分中經授權處方人員陳述的醫囑, 我同意不追究和免除針對MCPS和DHHS及其官員、教職員或代理人因給這名學生服用處方藥而提出的訴訟、索賠要求或法律行動。我已經讀過這份表格背面概述的規程, 並將按要求承擔責任。

學生姓名: 姓 _____ 名 _____ 中間名縮寫 _____

MCPS ID# _____ 出生日期 ____/____/____ 學校名稱 _____

處方: 延用的處方 新處方 如果是新處方, 第一次在家裡服用全天劑量的日期是: ____/____/____

請列出學生正在服用的所有藥物, 包括非處方藥:

家長/監護人簽名 _____ 電話 ____-____-____ 日期 ____/____/____

第二部分: 由獲准開處方的人員填寫(TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER)

DHHS and MCPS discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication (*trade name or generic*): _____ Diagnosis: _____

Dosage: _____ Time(s) to be given at school: _____
Ranges not accepted (i.e., 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____

Medication orders effective Current school year, **OR** Effective dates ____/____/____ to ____/____/____

Side Effects: _____

If PRN, specify when indicated (signs/symptoms) _____

Frequency of administration (ranges not accepted, i.e. every 2 to 4 hours) _____

Authorized Prescriber's Name (print/type) _____ Phone ____-____-____ Date ____/____/____

Authorized Prescriber Signature _____

SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors must be authorized by the authorized prescriber and be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

School Nurse (RN) approval for self-carry/self-administration of emergency medication

Signature _____ Date ____/____/____

第三部分: 由學校社區保健護士或校長填寫(TO BE COMPLETED BY THE SCHOOL COMMUNITY HEALTH NURSE OR PRINCIPAL)

Check as appropriate:

Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)

Prescription medication is properly labeled by a pharmacist.

Medication label and authorized prescriber order are consistent.

Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order).

Signature, School Community Health Nurse (SCHN)/Principal _____ Date ____/____/____

資訊和規程

1. 如果沒有家長/監護人的書面授權和經授權處方人員的書面醫囑, 不得在學校或學校主辦的活動中給學生服用藥物。包括處方藥和非處方(OTC)藥。
2. 在學校服用藥物必須填寫這份表格。使用腎上腺素自動注射針請最好填寫MCPS表格525-14, 對被診斷患有嚴重過敏的學生的緊急護理管理: 腎上腺素自動注射針的免責和免償協議。
3. 家長/監護人將負責填寫這份表格的第一部分, 並請經授權處方人員填寫第二部分要求的醫囑。每個學年的新處方或延用的處方、或如果在學年期間服藥劑量或時間有變化時, 都必須重新填寫這份表格。(經授權處方人員可以選擇用診所的正式信籤紙或處方簿來代替填寫第二部分。)必須包括以下資料: 學生姓名、診斷結果、藥物名稱、服用劑量、服藥時間、給藥途徑、藥物治療持續時間、副作用、經授權處方人員的簽名和日期。
4. 藥物必須由家長/監護人或在特殊情況下由家長/監護人指定的成人帶到學校。學校保健(DHHS)人員或學校(MCPS)工作人員在任何情況下都不得給學生服用由學生自己帶來學校的藥物。
5. 所有處方藥都必須放在貼有藥房標籤的包裝內。非處方藥必須放在原包裝內並附有制藥廠的劑量標籤, 安全封條也必須保證完整無損。經授權處方人員提供的樣品必須由經授權處方人員貼上適當的標籤。
6. 所有新的非急救藥物必須先在家服完第一天的劑量, 然後才能在學校接著服藥。
7. 家長/監護人必須負責在經授權處方人員醫囑過期後一週內或學年結束時取回沒有用完的藥物。在規定期限內沒有取回的藥物將被銷毀。
8. 家長/監護人必須全權負責學生自己服用的藥物和/或非醫療處方藥, 這些藥物不是MCPS或DHHS任何一方的責任。保健室將不會保管沒有經授權處方人員醫囑和家長/監護人同意書的藥物。
9. 學生不能自己服用受管制的藥物。
10. 學生自己攜帶/自己服用的急救藥(例如治療哮喘的吸入器和治療嚴重過敏症的腎上腺素自動注射針)必須要有經授權處方人員開具的醫囑和家長/監護人同意書。**學校護士必須評估並批准學生自己服藥的能力。至關重要的是, 學生必須明白, 如果他們在自己使用過吸入器後症狀沒有改善或自己注射了EpiPen自動針劑, 他們必須向保健人員或MCPS工作人員報告, 以便工作人員可以撥打911。**
11. 如果對學生的情況和/或學生的藥物有問題, 健康保險便利和責任法案(HIPAA)允許學校護士致電處方開具者。