

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

處方藥物服用授權書
棄權和免予求償協議
AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION
Release and Indemnification Agreement - Chinese

第一部分 - 由家長/監護人填寫

我特此請求並授權 Montgomery County Public Schools (MCPS)及 Montgomery County Department of Health and Human Services (MCDHHS)的工作人員按照醫生的指示(見下面第二部分)給我的孩子服用處方藥物。如果 MCPS 和 MCDHHS 的工作人員遵循下面第二部分中所敘述的醫生指示,則我同意放棄針對 MCPS 和 MCDHHS 及其任何官員、職員或代理人因給這名學生服用處方藥物而採取法律訴訟、賠償、索求或行動的權利,並且不要求他們賠償或做出傷害他們的行為。我已經閱讀了本表格背面所概述的規程,並且將按照要求承擔責任。

I hereby request and authorize Montgomery County Public Schools (MCPS) and Montgomery County Department of Health and Human Services (MCDHHS) personnel to administer prescribed medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless MCPS and MCDHHS and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided MCPS and MCDHHS staff are following the physician's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

學生 Student: _____ 出生日期 Birthdate: ____/____/____ 學校 School: _____

處方 Prescription: 延續以前的處方 Renewal 新處方 New 如果是新處方,第一次在家裡服用全天劑量的日期是: ____/____/____
If new, the first full day's dosage was given at home on: ____/____/____

請列出學生正在服用的所有藥物,包括非處方藥物
List all medication(s) student is taking, including over-the-counter medication(s): _____

家長/監護人簽名 Parent/Guardian Signature _____

電話號碼 Phone Number _____

日期 Date ____/____/____

PART II—TO BE COMPLETED BY THE PHYSICIAN/由醫生填寫

The Montgomery County Department of Health and Human Services and the Montgomery County Public Schools 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 septic 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 held 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 and/or generic _____ Diagnosis: _____

Dosage: _____ Time(s) To Be Given At School: _____

Route of Administration: _____ Effective Dates: From ____/____/____ To ____/____/____

Side Effects: _____

If PRN, specify:

When indicated (signs/symptoms) _____

Frequency of administration _____

Physician's Name (print/type) _____

Physician Signature _____

Phone Number _____

Date ____/____/____

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

Self-carry/self-administration of **emergency** medication such as inhalers and EpiPens® **must** be authorized by the prescriber and be approved by the school nurse according to the State medication policy:

Prescriber's authorization for self-carry/self-administration of emergency medication _____
Signature _____ Date ____/____/____

School RN approval for self-carry/self-administration of emergency medication _____
Signature _____ Date ____/____/____

PART III—TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE/由校長或學校護士填寫

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 physician's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and physician order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

相關資訊和規程

- 1 如果沒有獲得家長/監護人的書面授權及醫生的書面指示，將不會在學校或由學校贊助的活動中給學生服用任何藥物。包括處方藥和非處方(OTC)藥。
- 2 家長/監護人應當負責填寫第一部分，並且取得第二部分中要求的醫生指示。每個學年都必須這樣做，包括針對每一種新藥物或延續服用的藥物或在學年過程中需要改變服藥劑量或時間的藥物。(醫生可以使用診所的信紙或處方籤來替代填寫第二部分。)所要求的資訊包括: 孩子的姓名、病情診斷、藥物的名稱、劑量、服藥的時間、使用藥物的期間、副作用、醫生簽名以及日期。
- 3 藥物必須由家長/監護人或在特殊情況下由家長/監護人所指定的一名成年人送到學校。在任何情況下，學校衛生(MCDHHS)或學校(MCPS)的工作人員絕對不會給學生服用由學生自行帶來學校的藥物。
- 4 所有處方藥必須放在貼有藥劑師標籤的包裝物內。非處方的OTC藥物必須放在有製藥商原始標籤的包裝物內。醫生提供的樣品藥物必須由醫生做出適當的標識。
- 5 任何新藥物必須事先在家裡服用過一天後，才能讓學生在學校服用。
- 6 家長/監護人應當於醫生指示失效後一週內或在學年結束時負責收回任何沒有服用完的藥物。在這個時段內無人認領的藥物將被銷毀。
- 7 自行服用及(或)非醫療處方的藥物應當完全由家長/監護人負責，並且不是Montgomery County Public Schools或Montgomery County Department of Health and Human Services任何一方的責任。沒有附帶醫生指示及家長同意書的藥物不可儲存在醫務室。
- 8 學生不可自行服用受管制的藥品。
- 9 自行攜帶/自行服用的緊急用藥(譬如用於哮喘的吸入器和用於過敏反應的 EpiPens)必須要有醫生的指示和家長的同意書。學校護士必須針對學生自行服藥的智能和行為能力進行評估和核准。學生必須瞭解，如果他們自行使用吸入器後症狀沒有改善，或者自行服用過EpiPen，他們必須向衛生人員或MCPS工作人員報告，以便通知911緊急專線，這樣做至關重要。
- 10 如果對孩子和(或)孩子的藥物有疑問，HIPAA允許學校護士(RN)可以致電開處方的醫生。