



MEDICATION AUTHORIZATION

NOT FOR EPI PEN OR INHALER AUTHORIZATION

Release and Indemnification Agreement

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or actions, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Medication Renewal New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Student Name

Date of Birth

Allergies

School Year

No RN/LPN, clinic aid or office staff shall administer medication or treatment, unless the principal has reviewed all the required clearances.

Parent or Guardian Signature

Daytime Telephone

Date

PART II PARENT OR GUARDIAN TO COMPLETE AND SIGN FOR OVER THE COUNTER (OTC) MEDICATION FOR RELIEF OF SYMPTOMS FOR HEADACHE (Tylenol, Motrin, Excedrin), ORTHODONTIC PAIN OR MENSTRUAL CRAMPS AND FOR ANTIBIOTIC AND ANTIVIRAL MEDICATION. PHYSICIAN MUST COMPLETE AND SIGN FOR ALL OTHER MEDICATIONS.

The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and overnight field trips and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

DIAGNOSIS:

SIGNS/SYMPTOMS:

MEDICATIONS:

ROUTE:

DOSAGE TO BE GIVEN AT SCHOOL:

TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN:

EFFECTIVE DATE:

Current school year From: _____ To: _____

If the student is taking more than one medication at school, list sequence in which medications are to be taken:

Licensed Health Care Provider (Print or Type)

Licensed Health Care Provider (Signature)

Telephone or Fax

Date

Parent or Guardian Name (Print or Type)

Parent or Guardian (Signature)

Telephone

Date

PART III TO BE COMPLETED BY PRINCIPAL, PRINCIPAL DESIGNEE OR REGISTERED NURSE

Check as appropriate:

Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the physician's stationary or a prescription pad.)

Medication is appropriately labeled. _____ Date by which any unused medication is to be collected by the parent (Within one week after expiration of the physicians order or on the last day of school).

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.
2. Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school. In the absence of the School Nurse, the office staff may administer ONLY physician prescribed medication that is labeled with a pharmacy label for that particular student.
3. **All medication taken in school must have a parent/guardian signed authorization.** Prescription medications, herbals, and OTC medications taken for 10 or more consecutive days (or meds available as needed throughout the year) also require a licensed healthcare provider's (LHCP) written order. **No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.**
4. **The parent or guardian must transport medications to and from school.**
5. Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry medications (inhaler, Epi Pen). If the student self carries, it is advised that a backup medication be kept in the clinic.
6. Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.
7. A Licensed Health Care Provider (LHCP) may use office stationary, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.
 - a. Student name
 - b. Date of Birth
 - c. Diagnosis
 - d. Signs or symptoms
 - e. Name of medication to be given in school
 - f. Exact dosage to be taken in school
 - g. Route of medication
 - h. Time and frequency to give medications, as well as exact time interval for additional dosages.
 - i. Sequence in which two or more medications are to be administered
 - j. Common side effects
 - k. Duration of medication order or effective start and end dates
 - l. LHCP's name, signature and telephone number
 - m. Date of order
8. All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.
9. All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and its expiration date clearly visible. If you are turning in Benadryl to be available for emergency allergy issues, this must be prescribed by a LHCP and a pharmacy label must be on the original container. Parents/guardians must label the original container of the OTC medication and its expiration date clearly visible. Parents/guardians must label the original container of the OTC with:
 - a. Name of student
 - b. Exact dosage to be taken in school
 - c. Frequency or time interval dosage is to be administered
10. The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will not be given no more than one half hour before or after the prescribed time.
11. **Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student.** Exceptions may be made on case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi Pen). The LHCP must check the appropriate box on the form that states the child's ability to carry the medication.
12. Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.