

Authorization for Administration of Medication at School



MoundsPark
A C A D E M Y

Name of Student: _____ Birthdate: ____/____/____

School: _____ School Year: _____ Grade: _____

Phone Number: () _____ Fax Number: () _____

Medical Condition	ICD 10 Code	Medication	Strength	Dose	Time	Route	Possible Side Effects
1							
2							
3							
4							

Other Considerations/Directions: _____

Start Date: _____ Stop Date: _____

(All authorizations expire at the end of the school year.)

Print or Type Name of Physician/Licensed Prescriber

Physician's/Licensed Prescriber's Signature

Clinic Address

() _____

Phone Number

() _____

Fax Number

Date

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify the school of any change in the medication(s), (ex: dosage change, medication is discontinued, etc.)
4. I give permission for the school nurse to communicate with the student's teachers about the action and side effects of this medication(s).
5. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise with regard to the listed medication(s) or medical condition(s) being treated by the medication(s).
6. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.

Date

Parent/Guardian Signature

Relationship to Student

NOTE: Medication is to be supplied in the original/prescription bottle/container.

Independent School District #622 Student Medication Procedures

Whenever possible the parent or guardian should make arrangements to administer medications at home. However, when a student needs to take medications at school, the following procedures will provide for safe administration of any prescription or over-the-counter (OTC) medication during the school day.

Licensed Health Assistant(LHA) will be the designated staff in each building to administer medications. In absence of the LHA, medication may be administered by substitute LHA, principal, teacher or other staff trained by a Licensed School Nurse (LSN)/BSN.

Request to Administer Medication Form must be received and signed from both parent/guardian AND physician or other authorized prescriber (physician's assistant, dentist, certified nurse practitioner) before prescription or OTC medication can be administered at school. It needs to be renewed annually or whenever there is a change in medication (i.e. dose, time, etc). For the safety of all students, medications must be brought to the school health office by parent/guardian.

Prescription medication must come from the pharmacy in a current pharmacy labeled container.

OTC medications must come in the originally labeled and sealed container with the student's name written on it.

Herbal, holistic, homeopathic and/or natural products must be given at home, since the Food and Drug Administration (FDA) does not regulate these products in the same manner as prescription medications and there is the potential for these products to interact with other substances, medications and foods.

Controlled medications such as Ritalin, Concerta and Adderall, must be counted as each supply arrives. The count shall be noted on the student's medication record.

Any medication requiring clinical nurse judgement such as intravenous, intramuscular, gastrostomy, rectal and emergency medication must be dealt with on an individual basis by the LSN/BSN.

Planning for students requiring medications on FIELD TRIPS will be done on an individual basis prior to the trip day. After delegation by the LSN/BSN, the teacher or other trained adult will carry and administer the medication following school policy and procedure.