



CONSENT FORM FOR ADMINISTRATION OF MEDICATION

TO BE RENEWED EACH PROGRAM SESSION

(If you need assistance completing this form, contact the Program Coordinator)

Before medication can be administered by CER program personnel this form must be completed and on file

Child's Name _____ Birth Date _____

Program Site _____ Grade _____ Session _____

PHYSICIAN / LICENSED PRESCRIBER ORDER

I have prescribed the following medication for this student and request the dosage be given during program hours be administered by CER personnel

Medication: _____ Dosage: _____ Route: _____

Time/instructions to be given at during program _____

Possible side effects _____

Diagnosis/medical reason for medication _____ ICD 10 Code _____

Inhalers/Epinephrine auto-injectors: Child has received instruction and permission to self-carry and independently self-manage [] Yes [] No

If Inhaler: [] With spacer [] Without spacer

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE #: _____

CLINIC: _____ FAX #: _____

PARENT/GUARDIAN AUTHORIZATION

FOR PRESCRIPTION MEDICATION:

- 1. I request the above medication be given to my child during CER program hours by CER program staff as ordered by the physician/licensed prescriber.
2. I will provide this medication in the original, properly labeled pharmacy container.
3. I authorize the CER program coordinator/designee to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication.
4. I authorize the CER program coordinator/designee to communicate with appropriate CER program personnel regarding this medication for my child.
5. I release CER program personnel from any liability in relation to the administration of this medication during the program. (Administration of this medication will not necessarily be done by a nurse).
6. I have read and understand the Medication Guidelines included with this form.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

FOR NON-PRESCRIPTION MEDICATION:

Medication _____ Purpose for giving medication _____

Amount & Frequency _____ (Must follow age and weight appropriate package directions) (age) _____ (weight)

- 1. I request that the above medication be given to my child during CER program hours by CER program staff.
2. I will provide this medication in the original, properly labeled manufacturer container.
3. I release CER program personnel from any liability in relation to the administration of this medication during the program..
4. I have read and understand the Medication Guidelines included with this form.

PARENT/GUARDIAN SIGNATURE: _____ Date: _____

OVER

MEDICATION GUIDELINES

The administration of medication to children shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. Medication prescribed three times per day can be given before program, after program, and bedtime. **If a new medication is started, the first dose must be given at home, unless it is a rescue medication.**

1. Administration of prescription medication by CER program personnel must only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian. Non-prescription medication may be administered to children with written authorization of parent/guardian according to label directions.
 - a. Mixed dosages in a single container will not be accepted for administration during a CER program.
 - b. If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at CER program.
 - c. Altered forms of medication will not be accepted or administered at CER program.
 - d. Narcotics/medical cannabis will not be administered at CER program.
 - e. Aspirin-containing products will not be administered at CER program.
 - f. Only FDA approved treatments will be provided at CER program.
2. **All medication (prescription and non-prescription) must be brought to and from CER program by a parent/guardian in its original container.** The following information must be on the prescribed container label:
 - a. Child's full name
 - b. Name and dosage of medication
 - c. Time and directions for administration at CER program
 - d. Physician/licensed prescriber's name
 - e. Date (must be current)
3. New consent forms with appropriate signatures must be received each CER program session.
4. A new medication consent form is required when the medication dosage or time of administration is changed.
5. When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested.
6. Medication will be kept in a locked box/cabinet designated for medication unless authorized by the Program Coordinator, and must not be carried by the child.
7. Children (grades 6-12) with severe allergies who need their epinephrine auto-injector during the program hours will be allowed to self-manage, carry, and be responsible for the administration of their epinephrine auto-injector with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Program Coordinator.
8. Children (grades 6-12) with asthma who need to use their inhaler during the program hours will be allowed to self-manage, carry, and be responsible for the administration of their inhaler with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Program Coordinator.
9. Special arrangements must be made with the Program Coordinator concerning administration of medication to children through gastrostomy tubes, rectal or injectable routes.