CONSENT FORM FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY

TO BE RENEWED EACH SCHOOL YEAR
(If you need assistance completing this form, contact the Licensed School Nurse)

****Before medication can be administered by school personnel this form must be completed and on file with the school health office****

Student Name____ Birth Date__________________

School ______________________ Grade _____ Teacher ____________ School Year______________

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PHYSICIAN / LICENSED PRESCRIBER ORDER

I have prescribed the following medication for this student and request the dosage be administered during school hours by school personnel.

Medication: ____________________________________ Dose: ________ Route: __________

Time/instructions to be given at school: ____

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 AND NON-PRESCRIPTION MEDICATION:

1. I request the above medication be given to my child during regular school hours as ordered by the physician/licensed prescriber (no after school activities).
2. I give permission for the medication to be given by designated personnel as delegated, trained, and supervised by the Licensed School Nurse.
3. **I will provide this medication in the original, properly labeled manufacturer container/packaging (non-prescription medication) or pharmacy labeled container (prescription medication).**
4. I authorize the Licensed School Nurse/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.
5. I authorize the Licensed School Nurse/designee to communicate with appropriate school personnel regarding this medication for my child.
6. I release school personnel from any liability in relation to the administration of this medication at school.
7. I have read and understand the Medication Guidelines included with this form.

PARENT/GUARDIAN SIGNATURE:_______________________________________ Date:_____________

LICENSED SCHOOL NURSE SIGNATURE:________________________________ Date:_____________

MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student'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 school, after school, 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 and non-prescription medication by school personnel must only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian and Licensed School Nurse, regardless of the student's age.

    a. Mixed dosages in a single container will not be accepted for administration at school.
    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 school.
    c. Altered forms of medication will not be accepted or administered at school.
    d. Narcotics/medical cannabis will not be administered at school.
    e. Aspirin-containing products will not be administered at school.
    f. Only FDA approved treatments will be provided at school.

2. **All medication (prescription and non-prescription) must be brought to and from school by a parent/guardian in its original container.** The following information must be on the prescribed container label:
    a. Student's full name
    b. Name and dosage of medication
    c. Time and directions for administration at school
    d. Physician/licensed prescriber's name
    e. Date (must be current)

3. New consent forms with licensed health care provider and parent/guardian signatures must be received each school year.

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 cabinet in the health office unless authorized by the Licensed School Nurse, and must not be carried by the student.

7. Students with severe allergies who need their epinephrine auto-injector during the school day 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 Licensed School Nurse.

8. Students with asthma who need to use their inhaler during the school day 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 Licensed School Nurse.

9. Secondary students may carry and use **non-prescription** medication with written consent of their physician/licensed prescriber, parent/guardian, signature of student agreement, and with the consent of the Licensed School Nurse. This applies to all secondary students, regardless of age. This medication cannot contain ephedrine, pseudoephedrine, aspirin or medical cannabis. Special arrangements must be made with the Licensed School Nurse concerning administration of medication to students through gastrostomy tubes, rectal or injectable routes.