2022-2023

OVERNIGHT SCHOOL SPONSORED ACTIVITIES ONLY

Self-Administration of Medication Authorization Form Grades 9-12

Barrieschool 13500 Layhill Road, Silver Spring, MD 20906 301-576-2800 fax: 301-576-2805 barrie.org

This form must be completed fully and on file in the health office in order for a student to self-administer medication(s) during school sponsored **OVERNIGHT** activities, including Extended Study Week (ESW). This form is required for <u>each</u> medication.

- All prescription medication must be in a container labeled by the pharmacist or prescriber.
- Nonprescription medication must be in the unopened original container with the label intact.

The School Nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the student and/or the student's medication(s).

Prescriber's Authorization

Name of Student:		Date of I	Birth:	Grade:
Condition for which medica	ation is being administe	red:		
Medication name:		Dose:	Ro	ute:
Time/frequency of administration:			If PRN, frequency:	
If PRN, for what symptoms	:			
Relevant side effects:	None expected	Specify:		
Medications shall be admir	nistered from:	Month/Day/Year	to:	Month/Day/Year
Prescriber's Name:		•		Мониурауутеан
Telephone:	Fax:			
Address:				
Self-carry/self-administrati Nurse according to the Bar		•	•	roved by the Barrie School
Prescriber's Signature:			Date:	
	(Original signature or signa			Month/Day/Year
	Parent/	Guardian Auth	orization	
•	ent self-administer the consent to medical tre	medication as pres atment for the stu	cribed by the above pre dent named above, inclu	scriber. I/We certify that uding self-administration of vider as allowed by HIPAA.
Parent/Guardian Signature:			Date:	
Home Phone:	Cell Phone	e:	Work Phone: _	
Reviewed and approved	by School Nurse:	Signature		Date