

**CONSENT FORM FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY**  
*TO BE RENEWED EACH SCHOOL YEAR*

**\*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 2022-2023

**PHYSICIAN / LICENSED PRESCRIBER ORDER**

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: Student 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 student during regular school hours by designated personnel as delegated, trained, and supervised by the Licensed School Nurse and ordered by the physician/licensed prescriber.
2. I will provide this medication in the original, properly labeled pharmacy container.
3. I authorize the Licensed School Nurse/designee to exchange information with my student's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, emergency plan, or side effects of this medication.
4. I authorize the Licensed School Nurse/designee to communicate with appropriate school personnel regarding this medication and emergency care plan for my student.
5. I release school personnel from any liability in relation to the administration of this medication at school.
6. I will contact the Licensed School Nurse/designee if a change in the current medication is indicated.
7. Field Trips - I give permission for the trained school personnel to administer the medication on a field trip.
8. 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.