

Medication Administration Authorization Form

School Year _____
School _____
Grade _____

Name of Student: _____
DOB: _____ Allergies: _____

All medications require a medical order. All medications must be supplied in the original prescription container

Medical Order for Medication Required During School Hours

| Medical Condition | ICD-10 Code | Medication | Dosage | Time | Route | Possible Side Effects |
|-------------------|-------------|------------|--------|------|-------|-----------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |

Are any of the listed medications above deemed to be a controlled substance? Yes No

(See, www.revisor.mn.gov/statutes/cite/152.02 for list of controlled substances)

If marked "yes" above, please identify the controlled substance(s). _____

Printed Name of Physician/Licensed Prescriber Signature of Physician/Licensed Prescriber Date

Clinic Name and Address Clinic Phone Number Clinic Fax Number

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.
2. I will provide the required medication(s) and documentation from a licensed prescriber following the district medication requirements on the reverse side. Full text of *Policy & Procedure 516- Student Medication* can be found on our website.
3. I will notify the school of any change in the medication(s), (example: dosage change, medication is discontinued, etc.)
4. I understand the information requested on this form may be shared with school staff who have a need to know to provide a safe environment for my student.
5. I give permission for the nurse to consult with the above-named physician/licensed prescriber regarding any questions that arise regarding the listed medication(s) or medical condition being treated by the medication(s).
6. I request that any remaining medications, that are not controlled substances, be sent home with the student on, or prior to the last day of school. I will notify the building nurse if the medication should not be sent home with the student.
7. I authorize the school district to transport any unclaimed and unused medication that is not a controlled substance for disposal purposes.
8. I understand a parent or legal guardian is required to retrieve any medications that are controlled substances when requested by the school.

Parent/Guardian Signature Phone Number Relationship to Student Date

Medication Administration Requirements

Diagnosis, treatment of illness, and/or prescribing medications are the responsibility of physicians, not school personnel. School personnel will administer medications that have been prescribed by a physician to be given during school hours with parent permission. Morning or evening medications should be given at home to avoid interruptions in the school day.

Medication Administration Authorization form is required to be completed annually by your child's physician and signed by a parent/guardian for a medication to be dispensed to your child from the health office during the school day.

- Parents/guardians must inform the building nurse when a student requires medications during the school day. Students observed by school personnel self-administering unauthorized medications shall be reported to their parents/guardians.
- Required for the administration of ALL medications. This includes prescription and over-the counter (i.e. Tylenol, Ibuprofen) medications. The form must include the student's name, diagnosis, name of medication, dose, time to be given, date of order and signatures parent/guardian and physician.
- Prescription medication must be provided in a pharmacy-labeled container that indicates pharmacy name and telephone number, student's name, physician, name and dosage of medication, and description of medication inside. Parent/guardian should request from the pharmacist a duplicate labeled bottle for the prescription if it will need to be given at home and school.
- Over-the-Counter medication must be in the original container.
- The building nurse will administer prescribed medication. In the absence of the nurse, the medication will be administered by a trained designee named by the principal, in consultation with the building nurse.
- Check the expiration dates of the medication(s). Expired medications will not be administered.
- Controlled Substances. A Parent or legal guardian is responsible to pick up all medication(s) that are controlled substances at the request of the school.

Self-Administration of Medication Authorization Form Is required to be completed annually for self-carry and self-administration. By completing this form, the parent/guardian is not requesting school personnel to store or administer the medication to the student. Parent/guardian will ensure the medication will be properly labeled for the student.

- Prescription asthma inhaler for asthma or reactive airway disease. A parent/guardian's written authorization and a review by RN with the student is required. (A physician's order is needed only if an inhaler is kept in the health office for nurse to administer).
- Epinephrine or other medication. A physician's order, parent/guardian written authorization, and a review by RN with the student is required.

Self-Administration of Non-Prescription Pain Relief Form is required to be completed annually for secondary students' self-carry and self-administration of:

- Non-prescription pain relief medication. A secondary student may possess and use non-prescription pain relief in a manner consistent with the labeling. The district may revoke a student's privilege to possess and use non-prescription pain relief if the district determines the student is misusing or abusing this privilege.
- Ephedrine or pseudoephedrine containing products. This form does not allow students to possess or use any non-prescription medications with ephedrine or pseudoephedrine as an active ingredient.

All medication forms are available on the ISD 279 district website under Services > Health Services-> Forms, <https://www.district279.org/services/health-services> or can be requested from the building nurse at your child's school.