

Self-Administration of Medication Authorization Form

Name of Student: _____

School Year _____

School _____

DOB: _____ Allergies: _____

Grade _____

For Self-Carry Inhaler or over the counter pain medication- To be completed yearly by parent or guardian - no physician's order needed

I believe that _____ (student name) is knowledgeable of the following medication, when and how to use, and can self-administer it.

Medication Name: _____

Medication Dose Frequency Route: _____

Medical Condition/Comments: _____

I hereby give permission for my child to self-administer the medication above at school

Signature of Parent or Guardian Print Name Phone Date

It is highly recommended that an additional emergency inhaler or epi pen be kept in the school's health office. A physician's order is required for a nurse to administer said medication. Please submit a signed physician's order if additional medication is to be kept in a health office. See Medication Administration Consent Form- ISD 279 Policy 516 App. A. Parent written or electronic signature is also required for a nurse to administer any medication.

For Self-Carry Epinephrine or Other Medications - to be completed yearly, Physician and Parent/guardian signatures required

I believe that _____ (student name) is knowledgeable of the following medication, when and how to use, and can self-administer it.

Medication Name: _____

Medication/ Dose/ Frequency/ Route: _____

Medical Condition/Comments: _____ ICD 10 Code _____

Signature of Physician/Licensed Prescriber Print Name Phone Date

I hereby give permission for my child to self-administer above medication at school as prescribed by my child's prescribing health professional. By completing this form, I acknowledge I am not requesting school personnel to store or administer the medication to the student. I authorize reciprocal release of information related to the medication between the health office nurse and the prescribing health professional.

Signature of Parent or Guardian Print Name Phone Date

It is highly recommended that an additional emergency inhaler or epi pen be kept in the school's health office. A physician's order is required for a nurse to administer said medication. Please submit a signed physician's order if additional medication is to be kept in a health office. See Medication Administration Consent Form- ISD 279 Policy 516 App. A. Parent signature is required for a nurse to administer any medication.

Must be completed by Student and Registered Nurse or Licensed School Nurse:

Student and RN or LSN will review this plan and the student agrees to:

- Follow his/her prescribing health professional's orders and review this plan with the RN or LSN
- Use correct medication administration technique
- Not allow anyone else to use his/her medication
- Keep spare medication in health office (highly recommended - *requires completion of Policy 516, App. A.*)
- Notify the health office if: 1). emergency medication is given, i.e., Epinephrine or _____
2). if symptoms continue or get worse after taking the medication 3). if student experiences negative side effects from the medication 4). _____

Signature of Student Signature of RN or LSN 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, with a written or electronic authorization 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 or electronic 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 Medication Form is required to be completed annually, either written or electronic consent, 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