

THAYER ACADEMY COLLABORATIVE

Authorization to Administer a Medication to a Participant

(To be completed by parent/guardian)

Participant: _____ DOB: _____ Age: _____ **Parent/Guardian:** _____

Food/Drug Allergies: _____

Home Phone:(____)_____

(At parent/guardian's discretion)

Work Phone:(____)_____

Diagnosis: _____

Cell Phone:(____)_____

Participant's other medical issues or meds: _____

Pager:(____)_____

(Circle best phone number for emergency)

Licensed Prescriber*: _____

Office Phone:(____)_____

**(MD or Nurse Practitioner)*

Medication: _____ Dose given during the program: _____ Frequency: _____ Route: _____

Date ordered: _____ Duration of order: _____ Quantity delivered: _____ Expiration date of meds: _____

Storage requirements (if other than room temp.): _____

Specific directions or precautions (e.g., on empty stomach / with food): _____

Possible side effects or adverse reactions: _____

Location where medication will be administered (if other than CLINIC): _____

I hereby authorize **Thayer Collaborative** to administer to my child the medication(s) listed above, in accordance with 105 CMR 430.160 (as outlined on the reverse side).

Parent/Guardian Signature: **X** _____ Date: _____

(Over)

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105 CMR 430.160(A)

Medication prescribed for participants shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if in tablets or capsules, the number in the container. All over-the-counter medications for participants shall be kept in the original containers containing the original label, which shall include the directions for use.

105 CMR 430.160(C)

*Medication shall only be administered by the **health supervisor*** or by a licensed health care professional authorized to administer prescription medications. The health care consultant shall acknowledge in writing the list of medications administered at the program. If the health supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. Medication prescribed for participants brought from home shall only be administered if it is from the original container, and there is written permission from the parent/guardian.*

105 CMR 430.160(D)

When no longer needed, medications shall be returned to a parent or guardian whenever possible. If the medication cannot be returned, it shall be destroyed.

***Health Supervisor** — *A person who is at least 18 years of age, specially trained and certified in at least current American Red Cross First Aid (or its equivalent) and CPR, has been trained in the administration of medications and is under the professional oversight of a licensed health care professional authorized to administer prescription medications.*