pace
Learning Redefined

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PERMISSION TO ADMINISTER MEDICATION DURING SCHOOL HOURS

Effective 2023/2024 School Year

including Extended School Year (ESY) 2024

****THIS SECTION TO BE COMPLETED BY THE LICENSED PRESCRIBER****

STUDENT'S NAME			***DATE OF BIRTH*** _____/_____/_____
MEDICATION & STRENGTH	**#1**	**# 2**	**#3**
DOSAGE			
ROUTE OF ADMINISTRATION			
TIME OF ADMINISTRATION (PLEASE CIRCLE OR WRITE SPECIFIC TIME)	**9:00 AM 11:30 AM** **12:00 PM 2:00 PM** **OTHER: _____**	**9:00 AM 11:30 AM** **12:00 PM 2:00 PM** **OTHER: _____**	**9:00 AM 11:30 AM** **12:00 PM 2:00 PM** **OTHER: _____**
LENGTH OF TIME MEDICATION TO BE ADMINISTERED	**START DATE: ___/___/___** **STOP DATE: ___/___/___ ***	**START DATE: ___/___/___** **STOP DATE: ___/___/___ ***	**START DATE: ___/___/___** **STOP DATE: ___/___/___ ***
***UNLESS OTHERWISE INDICATED OR NOTIFIED BY THE LICENSED PRESCRIBER ALL MEDICATION ORDERS WILL BE DISCONTINUED ON JULY 1st**			
DIAGNOSIS			
ALLERGIES: DRUG/FOOD/ENVIRONMENTAL			

_____/_____ /_____ _____ _____

DATE **Signature of Licensed Prescriber** **Printed name of Licensed Prescriber**

ADDRESS: _____ **PHONE:** _____

_____ **FAX:**_____

THIS SECTION TO BE COMPLETED BY THE PARENTS

I give permission for my child to take the above medications during school hours as ordered by the Licensed Prescriber and I request that my child be assisted in taking the above medication(s). I give permission to the nurse to contact the Licensed Prescriber, as necessary, regarding the above medication. I also agree to follow the procedures listed on the back of this form.

Parent/Legal Guardian Signature: _____ **Date:** ____/____/____

Student Signature (if 14 years of age or older): _____ **Date:** ____/____/_____

PACE SCHOOL
MEDICATION ADMINISTRATION PROCEDURES

1. **WRITTEN ORDER – NO** medications, prescription or over the counter, will be given without a written order from a Licensed Prescriber (Physician, Certified Nurse Practitioner, Physicians Assistant or Dentist). Pace School will accept faxes of the completed Permission to Administer Medication During School Hours form.

2. **PARENT PERMISSION-** The Parent/Legal Guardian must provide the nurses with written permission before any medications will be given. A two person verbal consent may be obtained by the nurses initially but the Parent/Legal Guardian is still required to sign the Permission to Administer Medication During School Hours form as soon as possible.

3. **PRESCRIPTION MEDICATIONS- ALL** medications **MUST** be in a labeled pharmacy bottle/container/package. Please ask your pharmacist to provide a separate labeled bottle/container/package for each medication. Please ask your pharmacist to place a label on all Epinephrine Auto-Injectors and Asthma Inhalers.

4. **OVER THE COUNTER MEDICATIONS-** Must be in the original labeled container from the manufacturer. Parents/Legal Guardians are to write their child's name and date of birth on the container.

5. **TRANSPORTATION OF MEDICATIONS- ALL** medications (prescription and over the counter) **MUST** be delivered to the Health Office by the Parent/Legal Guardian or responsible adult. **STUDENTS ARE NOT PERMITTED TO CARRY MEDICATIONS TO OR FROM SCHOOL.**

6. **YEARLY MEDICATION ORDERS-** A new signed Permission to Administer Medication During School Hours form is required every year or whenever there is a change in the dose of the medication during the current school year including the Extended School Year Program.

7. **FAILURE TO FOLLOW THE ABOVE PROCEDURES WILL RESULT IN THE MEDICATION NOT BEING ADMINISTERED AT PACE SCHOOL.**

ORAL AUTHORIZATION – NOT APPLICABLE TO HIV RELATED INFORMATION

I witness that the person understood the nature of this consent and freely gave his/her oral authorization. (Two witnesses are required)

Name of person giving oral authorization: _____

Relationship: _____ Date: _____

Witness #1: _____ Date: _____

Witness #2: _____ Date: _____

The Parent/Legal Guardian was informed that a two person verbal consent may be obtained by the nurses initially to administer medications but the Parent/Legal Guardian are still required to sign the Permission to Administer Medication During School Hours form as soon as possible.