

SWALLOW SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM

*This form pertains to Physician/Practitioner prescribed medication **and** over-the-counter medications.*

One form needs to be filled out for **each** student at Swallow School.

Box 1 – Over the Counter –Non-prescription medication will only be administered in accordance with product instructions. If the student requires dosing different than manufacturer’s instructions, a practitioner order AND signature is required.

Box 2 – Practitioner Prescribed Medication - Your Practitioner needs to fill out the top portion and the info in Box 2 with any prescribed medications that may be administered during the school day/activities. He/She needs to sign and date the bottom in the Prescribed Medication Section. (Please note – EPIPEN, INSULIN, DIASTAT require an additional form).

Please administer the following medication(s) to:

Name of Student	DOB	Ht	Wt	Grade
Diagnosis(s)	Allergies			
Current medication(s) taken at home:				

- Swallow will stock tablets of ibuprofen, acetaminophen and diphenhydramine hydrochloride (generic Benadryl) for **4th grade and up**. Swallow DOES NOT stock liquid medications.
- All other medications must be brought in from home in the original containers and stored in the locked cabinet in the health room.
- Instructions may not exceed manufacturer’s recommended dosages.

Please **INITIAL** next to medication that you authorize staff to administer:

____ Ibuprofen 200mg, (generic Advil) 1 or 2 tablets every 6 hours as needed for discomfort. Ibuprofen will not be administered more than 10 days a month without documentation from a physician.

____ Acetaminophen 325mg (generic Tylenol), 1 or 2 tablets every 4 hours as needed for discomfort. Acetaminophen will not be administered more than 10 days a month without documentation from a physician.

____ Diphenhydramine Hydrochloride 25 mg (generic Benadryl), 1 or 2 capsules every 4 hours as needed for allergic reaction or hay fever.

BOX 1 - OVER-THE COUNTER/AS NEEDED				
MEDICATION:				
Name of Medication	Dose	Time or as needed	Route	Reason

★ When administering: Please call before/after (circle one) Email Send note home Text Message – Phone #:

Additional Information/Instructions

Parent’s Signature	Date:
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BOX 2 - PRACTITIONER PRESCRIBED MEDICATION:				
<input type="checkbox"/> Please check box if student may self-carry inhaler. <input type="checkbox"/> Please check box if student may self-carry epi-pen. (If self-carrying, we still need an epi-pen in health room.)				Direct contact shall be made with MD/NP should the student receiving the medication develop any of the following conditions or reactions to the medication (if none, state none)
Name of Medication	Dose	Time/Frequency	Route	
Hospital/Clinic/Office:			Phone Number:	
Physician/Practitioner Printed Name:			Fax Number:	
Physician's Signature (required for MD/NP prescribed medicine)			Date:	
Parent's Signature			Date:	

Guardian, please **check those that apply:**

- _____ Authorized school personnel have my permission to administer the prescription and/or non-prescription medication(s) to my child as described above.
- _____ My child has my permission to carry and self-administer the above prescribed *epi-pen* and/or *inhaler*.

I AGREE TO HOLD THE SWALLOW SCHOOL DISTRICT, ITS EMPLOYEES AND AGENTS WHO ARE ACTING WITHIN THE SCOPE OF THEIR DUTIES HARMLESS IN ANY AND ALL CLAIMS ARISING FROM THE ADMINISTRATION OF MEDICATION AS DESCRIBED ABOVE AT SCHOOL. I HEREBY GIVE PERMISSION TO THE SCHOOL NURSE TO CONTACT THE PHYSICIAN AS NEEDED.

I understand that for safety reasons, ALL medication (prescription or non-prescription) has to be in the original container. I further understand it is my responsibility to inform the school nurse of any changes to my child's medications. I give permission to the school nurse to contact my student's physician.

Parent/Guardian Signature: _____ Date: _____

School Nurse Approval: _____ Date: _____

Medication Authorization is only valid for the school year in which the date signed falls within. Questions? 262-367-2000 x120