Prescription Medication Administration Consent Form

Sauk Centre Public Schools ISD #743

903 State Road, Sauk Centre, MN 56378-1698 (320) 352-2258

PRESCRIPTION MEDICATION: Physician Order

I verify that this medication must be taken by student_____.

Medication	Dosage	Route	Time	Duration

Diagnosis for which medication is prescribed: _____ Possible side effects: _____

Medication allergies: _____

Physician Signature: _____ Date: _____

Physician Printed Name: _____Phone Number: _____Fax Number: _____

** All medications must be in the original pharmacy dispensed containers. Instructions on container must match documentation above. **

Parent/Guardian Authorization

1. I request that the above medication be given to my child during school hours as ordered by this student's physician.
2. I will immediately notify the school of any change in the medication or physician's order.
3. I give permission for the school nurse to communicate with other school personnel about the action and side effects of the medication.
4. I give permission for the school nurse to consult with this child's physician concerning any questions that arise with regard to the listed medication, medical condition or side effects of this medication.
5. I release all school personnel and the Sauk Centre Public Schools from all liability in the event of any adverse reaction resulting from the use or administration of this medication.
6. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety & success.
7. I give permission for the medication(s)/treatment(s)/procedure(s) to be given by designated personnel as delegated by the school nurse.

Parent/Guardian: _____Phone: _____Date: _____

Field trips

1. I give permission for a teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.
2. I release all school personnel, the Sauk Centre Public Schools, and any responsible adult administering the medication from all liability in the event of any adverse reaction resulting from the use or administration of this medication.

Parent/Guardian: _____Phone: _____Date: _____

Sauk Centre Public Schools ISD#743
General Medication Administration Instructions for: Prescription & OTC Medications

ADMINISTERING MEDICATION IN SCHOOL

It is not the responsibility of the school or its employees to prescribe drugs, medications or home remedies. Medications should be administered at home under the supervision of the parent/guardian when possible. However, some students require administration of medications to be performed during the regular school day. In those situations, the following procedure will be followed.

Parent/Guardian Needs to Bring the Medication to School

Physician Order for Medication and Parent/Guardian Authorization

Before any medication will dispensed by school staff, a *Physician Order for Medication and Parent/Guardian Authorization* form signed by the parent/guardian of the student must be on file with the school nurse. The forms are available from the school nurse or secretary.

Prescription Medications

Prescription medications must be provided in an original pharmacy container with a current label. Prescription medications brought to school in any other container will not be administered. Questions regarding dosage and administration of the medications will be directed to the prescribing physician or the parent/guardian, at the discretion of the school staff. Medications will be administered after questions have been resolved.

Over-the-Counter Medications

Parent/guardians must complete and sign an *Authorization of Administration of Medication* form before school staff will administer over-the-counter preparations. Over-the-counter preparations must be provided in the original labeled container. Over-the-counter preparations will only be administered to a student according to the label directions, unless contrary written directions from a physician are provided.

Physician Authorization for Self-Administration of Medication

For prescriptions or over-the-counter medications that are carried by the student for self-administration, a Physician Authorization for Self-Administration of Medication form must be completed by the physician and signed by the parent/guardian. These forms are available from the school nurse or secretary.

Sharing of Medications Prohibited

Students may not share prescription or over-the-counter medications with other students. Appropriate disciplinary action may be taken if necessary, upon the determination by the principal or his/her designee, after investigation that a violation of this policy has taken place.

Unused Medications

When use of a medication has ceased, or is no longer needed by the student, it is the parent/guardian's responsibility to retrieve unused medications from the school. Any unused medications will be disposed of by the school upon the written request of the parent/guardian or at the end of the school year.