



Authorization for Administration of Medication at School

Student Name: _____ DOB: _____ Grade/Room: _____

School: _____ School Year: _____

Physician/Licensed Prescriber's Order for Administration of Medication by School Personnel

TO BE COMPLETED BY HEALTH CARE PROVIDER

Medical Condition	Medication	Dose	Time	Route	Comments

Other considerations/directions: _____

(All authorizations expire at the end of the school year or following the summer school session.)

Signature of Physician/Licensed Prescriber	Print name of Physician/Licensed Prescriber	Date
Clinic Address	Clinic Phone	Clinic Fax

TO BE COMPLETED BY PARENT/GUARDIAN

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by my child's physician/licensed prescriber. I also request the medications be given on field trips, as prescribed. I understand that there will be no nurse present on the field trip.
2. I will notify the school of any changes to the medication (i.e. dosage change, medication is stopped, etc.)
3. I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the Licensed School Nurse.
4. Legally, I may refuse to sign for the medication. If I refuse to sign, Health Services will not be able to administer the medication at school.
5. This consent may be revoked at any time, by sending a written notice to the Licensed School Nurse.

NOTE: Medication must be supplied in the original/prescription bottle with a pharmacy label.

Permission for Release of Information

6. I give permission for the school nurse to communicate, as needed, with school staff about my child's medical condition(s) and the action of the medication(s).
7. I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical conditions being treated by medication(s).
8. I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the school nurse.

Parent/Guardian signature	Date	Relationship to Student
---------------------------	------	-------------------------

Return to: _____ Phone: _____ Fax: _____



Policy/Procedures Regarding the Administration of Medication in School

The purpose of administering medications in school is to enable the student to remain in school, to maintain or improve health status, and to improve potential for education. The goal of these procedures is to ensure the safe, accurate, and timely administration of medication to students by trained personnel in the school setting. For the safety of the students, it is recommended that medication be given at home whenever possible. If medication must be given during school hours, these procedures will be followed:

1. School personnel can only administer medication - both prescription and over the counter - with the written order of a physician or other licensed prescriber and the written consent of a parent/guardian. School personnel will not administer homeopathic or non-traditional medicines, including herbal remedies and dietary supplements. All medications administered by school staff must be FDA approved. All authorizations expire at the end of the school year.
2. Prescription medications must be brought to school in a container labeled by the pharmacy. Ask the pharmacist to put the medication in two containers, one for school and one for home. Mixed dosages in a single container will not be accepted for administration at school. The following information must be on the label:
 - a. Child's full name
 - b. Name and dosage of medication
 - c. Time and directions for administration
 - d. Physician's name
 - e. Current date
3. Over the counter medications must be in the original container with the manufacturer's label clearly indicating dosage, instructions, and ingredients.
4. Secondary students (middle and high school) may self-carry non-prescription pain relievers that do not contain ephedrine or pseudoephedrine products. The medication administration form needs to be filled out and signed by the parent/guardian.
5. Students who have prescribed asthma medication and/or a non-syringe epinephrine injector for a life threatening allergy may self-carry their medication if they have written consent from their parent/guardian and healthcare provider and are monitored by the school nurse.
6. Medications should be brought to school by the parent/guardian. If there is medication remaining after treatment or at the end of the school year, please make arrangements for it to be picked up. Parents must notify the school in writing if a medication is discontinued or if there is any change in the student's prescription.
7. Medications will be given by the child's school nurse and may be delegated (by the Licensed School Nurse) only to personnel that have been specifically trained for this responsibility by the Licensed School Nurse.
8. The school nurse shall designate appropriate storage for medication following district procedures.
9. A new medication consent form is required:
 - a. When the dosage or time of administration is changed
 - b. At the beginning of each school year
 - c. If discontinued medication is restarted

Thank you for your cooperation. Please contact the District Nurse at spriggsk@colheights.k12.mn.us or at 763-528-4580 with any questions or concerns.