

**Medication Authorization Form  
Prescription or Over-the-Counter Medication**

**PART I TO BE COMPLETED BY PARENT/GUARDIAN**

I grant the principal or his/her designee the permission to assist or perform the administration of each medication to or for my child during the school day, including when he/she is away from school property for official school events. If my child has been authorized by his/her physician to self-administer their medication(s), I grant permission for my child to self-administer their medication at school and when they are away from school property for official school events. If my child is unable to self-administer their medication, I give permission for the principal/designee to perform the administration of the prescribed medication. I give permission to contact the physician/provider prescribing this medication(s) to clarify information provided on the authorization should the need arise.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**PART II TO BE COMPLETED BY PHYSICIAN/PROVIDER**

Allergies: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	STRENGTH	DOSAGE	TIME(S) TO BE GIVEN	ROUTE	SIDE EFFECTS

Please check the appropriate box:

- I believe that this student has received adequate information on how and when to use their medication and they can use it properly.
- The student is to carry the medication on their person with the principal's knowledge. (An additional supply, to be used as backup, may be kept in the school health room or other approved location).
- The medication will be kept in the school health room.

Please list any limitations/precautions that should be considered:

\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Printed)

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Telephone & Fax Numbers

**PART III TO BE COMPLETED BY SCHOOL HEALTH NURSE/DESIGNEE**

Check as appropriate:

- Parts I and II are completed in entirety, including signatures
- Prescription medication is properly labeled by pharmacist.
- Medication authorization and medication label are consistent and pharmacy label is **NOT** expired.
- Over-the-counter medication is in an original container with the manufacturer's dosage and label, labeled with student's name and safety seal is intact
- Medication has been signed into clinic by parent and counted with school staff member.

\_\_\_\_\_  
School Designee/Healthcare Personnel (Please Print)

\_\_\_\_\_  
School Designee/Healthcare Personnel (Signature)

\_\_\_\_\_  
Date

## INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for filling out Part I and obtaining the authorized prescriber's order and signature on Part II. A new Medication Authorization form must be completed every 12 months or when changes are made to an existing Medication Authorization. Information necessary includes student's name, diagnosis, allergies (specify none or n/a if there aren't any), medication name, strength of medication, dosage, time of administration, route of administration, possible side effects, prescriber's signature and date.
3. All medications will be administered by onsite healthcare personnel or by a trained school staff member designated by the principal.
4. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. All medication must be signed into the clinic by the parent/guardian and counted with the school health nurse or school personnel. Medication delivered by the student will not be administered by the school health nurse or school personnel.
5. All prescription medication must be provided in an original pharmacy container with the pharmacy label attached. The pharmacy label cannot be expired. Non-prescription OTC medication must be received in the original packaging with the safety seal intact.
6. The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school.
7. The parent/guardian is responsible for collecting any unused portion of a medication after expiration date of the medication or expiration date of the authorized prescriber's order. If the medication is unclaimed by the parent/guardian after three contact attempts, the medication will be forwarded to the Risk Management department and will be destroyed.
8. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma or epinephrine auto-injectors/auvi-q auto injectors for anaphylaxis. **It is imperative that the student understands the necessity for reporting to either the school nurse or school staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine/auvi q auto injector so 911 may be called.**
9. The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.
10. There are seven OTC medications that students in grades 9-12 may carry with parent approval only. These include: Tylenol, Midol, Ibuprofen, Tums, Allegra, Claritin, and Lactaid. Students may only carry two doses of one of these medications at a time. These students must have a completed Authorization for Selected Over-the-Counter Medication with Parental Approval Only form on file in the health room.