



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Name of Student: _____ Birthdate: _____

School Year: _____ School: ☐ JES ☐ JMS ☐ JHS

Grade: _____

Physician orders must be received before prescription medication will be administered at school.

Medication	Dosage	Route	Time/Frequency of Administration

Diagnosis and ICD 10 codes: _____

Possible side effects: _____

Other considerations/directions: _____

Start Date: _____ Stop Date: _____ (All authorizations expire at the end of the year)

☐ Student may self-administer _____ (N/A for controlled substances and primary students)
medication

Licensed Provider Signature

Signature of Physician/Licensed Prescriber

Printed Name of Licensed Prescriber

Date

Clinic Address

Phone

Parent/Guardian Authorization

1. I request that the above medication(s) be given during school hours as ordered by this student's licensed prescriber. I also request the medication(s) be given on field trips as prescribed.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify the school of any change in the medication(s) i.e. dosage, medication discontinued, etc.
4. I give permission for the school nurse to consult with the licensed prescriber regarding any questions that may arise regarding listed medication(s), or medical condition(s) being treated by the medication(s).
5. I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medication(s).
6. I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.
7. I have read and understand the Medication Guidelines provided with this form.

Date

Parent/Guardian Signature

Phone #

MEDICATION GUIDELINES

Daily Prescription Medications

- ☐ Written and signed physician's order
- ☐ Medication administration form signed by parent/guardian
- ☐ The following information must be on the prescription container label
 - ☐ Student's full name
 - ☐ Name and dosage of medication
 - ☐ Time and directions for administration at school
 - ☐ Physician/licensed prescriber's name
 - ☐ Date (must be current)
- ☐ Mixed dosages in a single container will not be accepted for administration at school
- ☐ If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at school
- ☐ Narcotics/medical cannabis will not be administered at school
- ☐ When a new medication is started, the first dose must be given at home, unless it is a rescue medication

Over-the-counter Medications

- ☐ Medication administration form signed by parent/guardian
- ☐ Non-prescription medications must be brought in the original container
- ☐ JSD does not supply OTC medications for student use
- ☐ A secondary student may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication.

Other Information

- ☐ A new medication consent form is required for any medication changes
- ☐ When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested
- ☐ Medication will be kept in a locked cabinet in the health office unless...
 - ☐ Students with severe allergies who need their epinephrine auto-injector during the school day will be allowed to self-manage, carry, and be responsible for the administration of their epinephrine auto-injector with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Licensed School Nurse. (See Emergency Action Plan)
 - ☐ Students with asthma who need to use their inhaler during the school day will be allowed to self-manage, carry, and be responsible for the administration of their inhaler with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Licensed School Nurse. (See Emergency Action Plan)
- ☐ A secondary student may possess and use nonprescription OTC pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication.
- ☐ All medication (prescription and non-prescription) must be brought to and from school by a parent/guardian in its original container and must be FDA approved
- ☐ New consent forms with licensed health care provider and parent/guardian signatures must be received each school year

Fax Numbers

- ☐ JES 952-492-4446
- ☐ JMS 952-492-4450
- ☐ JHS 952-492-4425

E-mail

✉ jordannurse@isd717.org