

Medication Policy & Medication Authorization Form

We are asking for your cooperation regarding the use of medication at school. Administration of medication is a serious matter with legal implications, administrative complications and possible adverse effects. In order to make this procedure safe for staff and students, the following guidelines must be followed:

1. Authorization Forms

- A completed **Authorization for Prescription Medication form** is required for any daily medication.
- Permission for "as needed" (PRN) over-the-counter medications is provided on the student's enrollment form.
- All forms are available in the Nurse's Clinic and on the school website.
- **No medication will be administered without proper authorization.**

2. Medication Delivery

- Parents/guardians must deliver medication to school personnel or send it with a designated adult (e.g., bus driver, other adult transportation provider, etc).
- **Students may not carry medication** in backpacks, lockers, cars, or on their person (Exception in #6).

3. Proper Packaging

- All medication must be in original, labeled containers.
- Prescription containers must include: prescription number, medication name, date filled, prescribing physician, student's name, and dosage instructions.
- **Do not send medication** in baggies, envelopes, or unlabeled containers—it will not be administered.

4. Medication Changes

- Notify the school nurse of any changes to your child's medication regimen
- New authorization forms may be required; alternative physician-supplied forms are accepted

5. Medication Tracking

- Keep a personal record of the type and amount of medication sent.
- Medication is counted and locked upon arrival, but may pass through multiple hands.
- Empty containers will be returned home about a week before refills are needed.

6. Self-Administration Exceptions

- Students may carry and self-administer certain medications (e.g., inhalers, EpiPens, insulin, digestive enzymes) with proper authorization.
- A **Self-Administration Authorization** form must be signed by the physician, parent/guardian, and student.
- A backup supply should be stored in the Nurse's Clinic when possible.
- If the student cannot responsibly manage the medication, it will be kept and administered by the nurse.

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Authorization Form for Prescription Medications

Child's Name: _____

Date of Birth: ____/____/____

Circle School: Lower Middle Upper/CA

Known Food or Drug
Allergies: _____

I, _____, hereby authorize the Medical personnel, school nurse or designee, of Mills Spring Academy to administer medication to my child according to the physician's instructions and agree to the Medication Policy. I understand that the school nurse will send the appropriate dose of my child's medication for field trips to be given by my child's teacher. I understand that, in the event of a change in medicine, I am responsible for presenting a new request form to Mills Spring Academy.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Phone Number _____

Date (mm/dd/yyyy) _____

Medication #1 * One medication per form, can attach additional forms

Medication & Strength	Dosage	Route/Method	Time & Frequency	Reason for Medication

Medications shall be administered from: ____/____/____ to ____/____/____ (Duration)

Possible Side Effects

- ☐ Headaches/Bodyaches
- ☐ Stomachaches/GI Upset/Appetite Changes
- ☐ Nausea/Vomiting/Diarrhea
- ☐ Fatigue
- ☐ Seizure/Tics
- ☐ Behavior/Mood _____
- ☐ Other: Please Describe _____

Indicate if Medication is a Narcotic: ☐ Yes ☐ No

Physician's Printed Name _____

Physician Signature _____

Phone Number _____

Date (mm/dd/yyyy) _____



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