

MEDICATION AUTHORIZATION FORM

SCHOOL NAME: _____ PHONE: _____ FAX: _____

Prescription Medication: Physician to complete Part A. Parent/Guardian to complete Part B. Return form to school. Additional forms are available at school office.

Non-Prescription Medication: Parent/Guardian to complete Part B only.

PART A – ONE MEDICATION PER FORM

Notice to school employees administering medication as designated by school officials to provide the following medication to the student as directed below.

Student Name: _____

Medication: _____

Dosage: _____

Route: _____

Time(s) Administered: _____

Reason for Medication: _____

Student may carry medication for Emergency purposes: _____ Yes _____ No

Give medication on: _____ empty stomach _____ full stomach _____ not applicable

Additional directions/symptoms: _____

NOTE: Designated school staff who dispense medication to the above student may call me at any time with questions or concerns related to this student's medical condition and medication.

DOCTOR'S SIGNATURE: _____ DATE: ____/____/____

DOCTORS NAME (Please Print): _____

ADDRESS: _____ PHONE: _____ FAX: _____

PART B – ONE MEDICATION PER FORM

I hereby give permission to school employees designated by school officials to give medication to my child according to the following directions.

I further give permission to school authorities to contact my child's physician regarding this medication. I will notify the school in writing at the termination of this request or when any medication changes occur.

Student Name: _____ Grade: _____

Name of Medication: _____

Dosage to be Given: _____

When to be given and how often: _____

Reason for Medication: _____

Additional Information: _____

I have read the Criteria for Dispensing Medication at school on the back of this page and agree to meet this criteria. ALL medication must be in a properly labeled container.

PARENT SIGNATURE: _____ DATE ____/____/____

DAYTIME PHONE NUMBER: _____

MEDICATION CRITERIA FOR DISPENSING MEDICATION

1. Pupils requiring medication at school shall bring to the school principal or designee, a completed "Request for Medication Administration During School Hours" form signed by the physician and parent/guardian if a prescription medication or the parent/guardian if a non-prescription medication. School personnel may then administer medication to the child as prescribed. All medication authorization forms must be renewed annually.
2. ALL medication must be supplied in the original container that is labeled for school authorities. The label on the bottle must contain the name and telephone number of the pharmacy, the pupil's identification, name of the physician, medication name, number dispensed, strength, dose, route, times or circumstances for medication to be given, special directions for storage or dispensing. Non-prescription medication must be in the original container with the directions on the container including pupil's name. The prescribed medication shall be kept in a locked cubicle or drawer. Taking the medication shall be supervised by the designated school personnel at a time conforming with the indicated schedule. It is the responsibility of the student to get his/her medication at a designated time.
3. It is important that an accurate and confidential system of record keeping be established for each pupil receiving medication. The physician's request for medication to be administered during school hours shall be kept on file. The parents must notify the school when the drug is discontinued or the dosage or time is changed. An updated medication authorization form is required for ALL changes in medication.
4. It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. Any special circumstances regarding delivering medication to school must be sanctioned by the school principal. All unclaimed medication at the end of the school year will be disposed of per policy, after written notification to the parent/guardian.
5. School personnel should, under no circumstances, provide any medication to students without meeting the criteria in 1 to 4 above. Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of a school and should not be practiced by any school personnel.
6. It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child. Pupils with a potential life threatening health problem may be excluded from school until required medication and staff training are in place at school.