

Authorization for Medication Administration by School Personnel

Student Name: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____ School year: _____

Parent/Guardian Name: _____ Daytime phone: _____

All medication must be in original containers.

All medications must be delivered & picked up from school by parent or adult responsible for the student

I am giving school personnel permission to administer medications to my child per the following instructions:

Medication: _____

Non-prescription

Dose (how much): _____

Prescription

Frequency (how often): _____

Please allow my child to self-administer this medication. (refer to district policy)

Time (½ hr. before or after prescribed times): _____

Medication Expiration Date: _____

Self-medication requires a different form

Circle one: by Mouth Ear Eye Nose Skin Injectable*

**requires approval of district nurse with a written Health Management Plan delegated by RN*

Time: _____

Physician's Name: _____

Start date: _____ End date: _____

Phone #: _____

Reason for Medication:

Special Instructions:

I understand I am responsible to provide this medication in the **original container** with **label** and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes.

Prescription medication changes require written instructions from prescribing provider.

I release the School District from any legal responsibility involved in the dispensing of this medication.

Parent/Guardian Signature _____ Date _____

(This authorization applies only to the medication listed above and for the duration of treatment or current school year. This also authorizes exchange of information, as necessary between the district nurse, school personnel and/or my child's health care provider)

Health Care Provider* directions for prescription medications

(Required in writing or pharmacy label may meet this requirement)

I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate. Additional special instructions include: _____

Health Care Provider's Name (please print or stamp)

Physician's office phone number

Health Care Provider's Signature or RX Label

Date

Medications at School

Written permission is required for all medications

There are times when it is necessary for students to take medications during the school day in order for a student to fully participate in their education. According to School District Policy JHCD, a specific written request from the parent/guardian must be submitted to the school office before students may take prescription or non-prescription medications while at school. The medication permission form requests all the information required in order for school staff to administer medications.

- Medication must be in its original bottle/container.
- Prescription medication must have a pharmacy label with current instructions for administering the medication.
- Non-prescription medications must have the student's name on the bottle or package.
- Inhalers should have the prescription label attached to the inhaler canister or be in the box with the pharmacy label attached.
- Epi-Pens should have the prescription label attached to the medication container, not just the box.
- **Medication must be delivered to school by parent or an adult designated by the parent.**
- Prescription medication must be prescribed by a Health Care Provider who is licensed to practice in Oregon.

For non-prescription medications, if the dosing exceeds the recommended dose on the package, a physician statement is required.

Prior to the end of the school year, all medication must be picked up by parents or a designated adult. Medication that is not picked up will be destroyed.

One student per form. One medication per form.

This information applies to non-injectable medications only.

Self-Medication:

For students who have self-medication of inhalers, glucagon, cortisone and/or Epi-pens, parents are strongly encouraged to have a backup medication in the school office.

High school students

- Self-medication form must be completed; the Self Medication Agreement is used instead of this form.
- Self-medication of controlled substances and narcotic analgesics is not allowed.
- For prescription medications (such as antibiotics) which a student will take for more than 10 days at school, self-medication forms must be completed.
- A student-specific plan is required for all students who carry an inhaler or emergency epinephrine. Contact the District Nurse to make arrangements for this plan.
- Sharing of medications with other students is strictly prohibited. Medication must be secured in a locked locker or in the immediate possession of the student at all times.
- Medications must be in the original container.

Self-Medication

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- MD order giving permission for self-medication is required.
- In specific situations a student may carry an inhaler, glucagon or pre-loaded epinephrine pen.
- The student must be able to demonstrate knowledge that they are able to independently use an inhaler with no supervision or additional staff support.
- A student-specific plan is required for all students who carry an inhaler, glucagon, cortisone or emergency epinephrine.

Contact the District Nurse Consultant to make arrangements for this plan. 541-966-4607