



Authorization for Administration of Medication at School

FREEMAN SCHOOL DISTRICT NO.358

Student Name: _____

Birthdate: _____

School: _____

Grade: _____

This portion to be Completed by Licensed Health Professional (LHP) with Prescriptive Authority

| Name of Medication | Dosage | Methods of Administration | Time of day to be taken |
|--------------------|--------|---------------------------|-------------------------|
| | | | |

Diagnosis: _____

If given 'as needed (prn), specify the length of time between doses: _____

Possible side effects of medication: _____

Emergency procedure in case of serious side effects: _____

Use the School Asthma Plan and Medication Orders form for all inhaler and nebulizer orders and the Severe Allergic Reaction Plan & Medications Orders form for all injectable emergency medication orders.

I request and authorize that the above named student be administered the above identified oral medication in accordance with the instructions indicated above from _____ to _____ (Not to exceed current school year), as there exists a valid health reason that makes administration of the medication advisable during school hours.

Licensed Health Professional's Name (Please print)

Licensed Health Professional's Signature

Date of Signature

Telephone #

Fax #

This Portion to be Completed by the Parent/Guardian

I have received the parent information regarding medication at school and request/authorize the school to administer medication to my student in accordance with the LHP's instructions for the period from _____ to _____ (not to exceed current school year). Policy states that due to the schedule and other responsibilities, it is possible for a dosage(s) to be delayed or missed.

Parent/Guardian Signature: _____ Date of Signature _____

Home phone #: _____ Work/Cell # _____

This record must be kept for a period of 8 years



Guidelines for Medication Given at School

FREEMAN SCHOOL DISTRICT NO. 358

It is best for medication to be administered at home. However, under certain conditions, it is in the best education and health interests of the child to take medication during the school day. We are asking for your cooperation regarding giving medications in the schools. Because of the responsibility placed upon the staff for giving the correct medications, we ask that you comply with the following guidelines.

I. ALL MEDICATION:

- The appropriate authorization form (Asthma, Severe Allergy, or Authorization form for all other medications) must be completed and signed by the **health care provider and parent**.
- **No medication** shall be given without an authorization from, signed by the health care provider and parent.
- Medications must be brought to the school office by the parent and **not the student**.
- **Pills need to be broken prior to being brought to school for half dosages.**
- Medication left at school shall be destroyed the last day of school, according to district policy.

II. PRESCRIPTION MEDICATION

- All medication must be in the **original prescription container or package** or properly labeled with the student's name, name of medication, exact dosage, name of health care provider, date and time of day to be given.
- The directions of the 'Authorization' form **must match** the directions on the prescription container or package.
- **Sample** medication must also be properly labeled and in the original container or package.
- **No more than a 20 (twenty) day supply of Schedules II-V medications** (i.e. ADHD medications, narcotic pain medications) should be brought to school by the parent.
- All medications to be given by nebulizer must be provided in individual unit doses.

III. NON-PRESCRIPTION MEDICATIONS (e.g. cough drops, vitamins, aspirin, cough syrup, or any over-the-counter medication)

- Non-prescription medication must be in the original package and **must be labeled by the parent**, with the student's name, name of health care provider, exact dosage, and time of day to be given.
- **REMINDER: NO MEDICATION SHALL BE GIVEN WITHOUT AN AUTHORIZATION FORM SIGNED BY THE HEALTH CARE PROVIDER AND PARENT.**

IV. ADMINISTERING MEDICATION 15 DAYS OR LESS

- The appropriate authorization form must be completed and signed by the **parent**.
- The **health care provider** must write, on either a prescription blank or an 'Authorization' form, a request for medication to be administered at school.

V. ADMINISTERING MEDICATION 15 DAYS OR MORE

- The appropriate authorization form must be completed and signed by the parent and health care provider.
- The authorization form must contain complete physician instructions. A prescription blank is not sufficient for medications over 15 days.

VI. INJECTABLE AND RECTAL MEDICATION

- **Injectable and rectal medications – May only be given by a licensed nurse, the student, or a parent/guardian, except as listed below:**
 - If a student is susceptible to a predetermined, life-endangering situation, trained school personnel may assist the student with an auto-injection (i.e. EpiPen. Auvi-Q). The health care provider **and** parent must state in writing on the "Severe Allergic Reaction Plan & Medication Orders" form if the student is to **carry** an epinephrine auto injector.

I have read and understand the terms and conditions of the above information.

Parent Signature _____ Date _____