

## Authorization to Administer Prescription Medication

Student \_\_\_\_\_

Grade \_\_\_\_\_

**FOR COMPLETION BY PHYSICIAN**

Medication	Dosage	Indication	Expiration
Instructions			
Possible Side Effects:			
Medication	Dosage	Indication	Expiration
Instructions			
Possible Side Effects:			

*The above medication is to be administered during the school day in accordance with above instructions. I agree to accept communication about the student and/or medication and understand that non-medical, trained school personnel may administer the medication.*

**Asthma Inhalers and EpiPens only:** It is my professional opinion that the student named above  **MAY**  **MAY NOT** carry and self-administer the above prescribed  **INHALER** and/or  **EpiPen**. He/she has been instructed in and understands the purpose and appropriate use of the medication.

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please Print: Physician Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**FOR COMPLETION BY PARENT**

As parent of the above named student I give permission for school staff to supervise the administration of the medication authorized by my physician. I agree to notify the school directly at the termination of this request, or when any changes in the above order are necessary. I authorize the District Nurse to contact the physician directly for clarification of this medical order or to report any adverse reactions or side effects. I understand that it may be necessary to share the information on this form with other school staff to ensure proper administration of this medication. This information may also be shared with emergency medical staff in the event of a health or safety emergency necessitating transport to a medical facility.

**Asthma Inhalers and EpiPens only:** I hereby request that my child carry and self-administer the above prescribed  **INHALER** and/or  **EpiPen**. I have read and discussed the Guidelines for Self-Administration (see p.2) with my child and deem this responsibility appropriate for him/her.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime phone number:** \_\_\_\_\_

## Guidelines for Administering Prescription Medications to Students- Key Points

### Procedure for Medication Consent/ Physician Order

1. A medication consent form must be completed and submitted to the health room prior to any medication being administered by school personnel.
2. A physician's written instructions and signature must accompany the *Authorization to Administer Prescription Medication* form. The written instructions must include the student's name, medication to be administered, dosage, frequency and duration. Medication that is "taken as needed" must include specific conditions under which it is to be administered.
3. A physician may indicate on the *Authorization to Administer Prescription Medication* form that an asthmatic student may carry and self-administer inhaled asthma medications. The form must be completed, signed by the parent or guardian, and submitted to the health room.
4. A new consent needs to be completed at the start of the school year or when a prescription changes (dose, frequency, etc).

### Delivery and Storage of Medication

1. The safest and most secure method of transportation is for parents to deliver refills to the school health room.
2. All **Schedule 2 controlled substances** must be delivered by an adult, and shall be counted and logged on the medication administration record.
3. Medications shall be sent in a pharmacy-labeled or original manufacturer's container with the
  - Student's name
  - Name of the drug
  - Dose
  - Frequency/time of administration
  - Mode (method) of administration
  - Directions
  - Date of expiration
4. Prescription medication samples provided by the physician are not acceptable, due to the lack of labeling as described above.
5. The District Nurse will establish a system to ensure the safe storage and administration of medication that is to be administered by school personnel.
6. Upon completion of the course of medication, any unused medication shall be sent home/ picked up by the parent/guardian. The District Nurse, upon the completion of the school year, will dispose of unclaimed medications.

### Self-Administration of Medications- Asthma Inhalers and Epinephrine Auto-Injectors

1. By requesting that the student carry and self-administer medications, the parent/guardian must understand that school personnel will not be supervising, monitoring nor documenting the use of these medications, and will not be held responsible for the safeguarding of these medications.
2. The medication must be appropriately labeled with the student's name and directions for use.
3. The HLSD emphasizes the student's responsibility to immediately report asthma symptoms not relieved by the medication, adverse reactions, or any other concern to the school health office. The Emergency Action Plan will be activated.
4. The HLSD emphasizes the student's responsibility to immediately report exposure to an allergen, symptoms of an allergic reaction and the use of the EpiPen to a school employee, as the Emergency Action Plan will be activated and EMS will be called. The self-administration of epinephrine is intended to expedite the emergency response process.
5. The student/ parent is responsible for ensuring the availability of their prescribed medication at all school-sponsored field trips or activities.
6. Self-administration privileges may be withdrawn if the student exhibits behavior that indicates lack of responsibility toward self or others in regards to his or her medication. Likewise, if a student allows another student to handle the self-carry medications, the privileges may be revoked. Students are NOT allowed to carry any other medications on their person or in their lockers.

### Procedure for Field Trips

The District Nurse shall determine which medications will be sent on a school-sponsored field trip, to include:

- Scheduled medications to be administered during the time of the field trip
- Emergency medications (i.e. Epinephrine auto-injectors, diabetic supplies and medications)
- "As-needed" medications that are specifically prescribed by a physician (inhalers, migraine medications, etc.)
- Over the Counter medications that are used as part of an individual's Emergency Action Plan (i.e.: diphenhydramine)

### Communication of District Policy

Medication policies, procedures, and forms shall be available to parents/guardians upon request. Additionally, medication policies, procedure, and forms shall be available in school handbooks and on the District website, [www.hartlake.org](http://www.hartlake.org).