



Authorization for Administration of Medication at School 2017-18

Student _____ Grade _____ Room _____ Exp Date _____

Name of Medication and Strength _____ Dose _____ Time _____ Route (check how taken below) _____

		AM	PM	
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How Taken By mouth Inhaled Patch Other _____ Medical Condition _____

Date medication is to be discontinued _____ Other medications taken at home _____

_____ has my permission to bring this medication home. Initial _____
(Student's name)

_____ an adult eighteen (18) years of age or older has my permission to bring this medicine to me. Initial _____

**** Note: It is the responsibility of the parent/legal guardian to cut tablets of medication (if necessary) before sending to school. The school will dispose of any medication left after the close of this school year.**

Instruction for School Delays (scheduled and unscheduled)

My child will take his/her medication at the regularly scheduled time as indicated above. Special arrangements need to be followed.

Those arrangements include: _____

- I assume the responsibility for the safe transport of this medication to school.
- I request the medication be given on field trips, as prescribed.
- I release school personnel from liability should administering this medication result in an adverse reaction.
- I will notify the school, in writing, of any change in the medication, (ex: dosage change, medication is discontinued, etc.)
- I give permission for the school nurse to communicate with the student's teacher, physician and necessary school staff about my child's health condition and the action of the medicine.
- I give permission for the medication to be given by the designated personnel (the school nurse may not always be present in the school).
- I certify that I am the parent, legal guardian, or other person in legal control of the above identified student. I read and understand the information within this authorization.



Signature Parent/ Legal Guardian

Daytime Telephone

Date

MEDICATION MUST BE IN ORIGINAL CONTAINER WITH LABEL INSTRUCTIONS

MEDICATION RETURN INFORMATION (complete *only at time when medication is returned to parent/guardian*)

This is to certify that I or my designated representative picked up my child's medication Signature of Parent/ Legal Guardian/Representative _____ Date _____

Children and adolescents with acute and chronic health conditions may need to have medication administered at school in order to effectively manage their health condition. **Medication is defined to mean all drugs, whether prescription or "over the counter."** When possible, the parents and physician are urged to design a schedule for giving



Procedure for Administration of Medication at School 2016-17

medication outside school hours. Medications given once, twice or three times a day can be given at home unless the physician, in writing, determines that it must be given during school hours.

- Send only a one-week supply of medication.
- Request that your pharmacist furnish a properly labeled "SCHOOL BOTTLE" for the medication (see # 2 below).
- Medication that needs to be cut will need to be cut before sending to school.
- Check the expiration date on all medication sent to school.
- Furnish a full inhaler at the beginning of the school year. (This makes it possible to calculate number of doses remaining)
- Directions signed by the physician, dentist or nurse practitioner licensed to practice in the United States must accompany all sample medications and the medications must be clearly marked with the student's name, name of drug, dosage amount, and time interval of the dose.

Prior to administration of any medication, the following requirements must be met:

1. The "Authorization for Administration of Medication at School" *must be completed, signed by the parent/legal guardian for each medication, and on file with the school* (new each school year).
2. **All** medications must be in the originally labeled container (including inhalers) and be labeled with the student's name, medication name, directions for dispensing the drug, must be written by a physician, dentist or nurse practitioner licensed to practice in the United States. The label on prescription medications will meet the requirement for the physician's written order.
3. It is the responsibility of the parent/legal guardian for the safe transfer of the medications to school. If this is a new medication for the student, the initial dose must be given at home in order to observe any untoward reactions.
4. If it is in the best interest of a student with asthma or other potentially life threatening illness, as determined by the parent, physician, principal and school nurse that the student self-administer medication, the parent/legal guardian will complete a special "Self- administration of Medication Authorization" form. The physician will also be required to sign this form. The FWCS Board and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the student outside the supervision of the School Nurse.
5. Herbal supplements require a special authorization that must be signed by the parent/legal guardian and physician licensed to practice in the United States.
6. Directions on over-the-counter packaging regarding age, dose and frequency will be strictly adhered to. Requests to alter dosage and/or frequency of medication must be accompanied by a physician's written note stating the dosage and frequency of medication to be given, and that is necessary at school (fax may be accepted).
7. The nurse must be consulted before bringing any injectable medications to school and additional forms must be completed. A physician will be required to sign this form.
8. No school employee, other than the school nurse, will give injections unless that employee has received appropriate training.
9. Medications will be disposed of if not picked up by the parent/legal guardian at the close of the school year (see # 9).
10. A school corporation may send home medication that is possessed by a school for administration during school hours or a school function with a student if the student's parent provides written permission for the student to receive the medication. Medication that is possessed by a school for administration during school hours or at school functions for a student may be released to: the student's parent; or an individual who is at least eighteen years of age; and designated in writing by the student's parent to receive the medication. (Indiana Code, July 1, 2005).
11. If requirements 1 and 2 are not met, and the parent/legal guardian wants their child to have the medication, the parent/legal guardian may come to school and administer it in the office or clinic.