

Todd Lee, Superintendent, High School 507-752-7361 - Elementary School 507-540-0655 Fax 507-752-6133

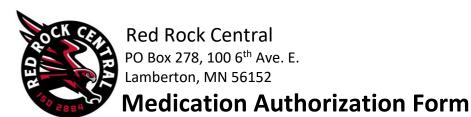
Medication Authorization Form

LAST NAME:	FIRST NAME:		DATE OF BIRTH:	GRADE:
DIAGNOSIS/REASON FOR MEDICATION:		MEDICAL PROVIDER: ALLERGIES (FOOD OR MEDICINE):		
TIME/FREQUENCY:		SIDE EFFECTS:		
DATES COVERED BY ORDER: Begin Medication:		Stop Medication:		
3. I authorize the prescriber this medication.4. I give permission for the n5. I give permission for the a	from any liability in relation to this reque and school nurse to exchange information urse to communicate with school and sup ssigned teacher/responsible adult to adm	n when questions arise rego oport staff, as necessary, at inister this medication on a	arding this medication or the out the action and side effect a field trip, as necessary, fol	ects of this medication. lowing school procedures.
MEDICAL PROVIDER AUTHORIZ Is child capable and responsible	ATION (If applicable): for SELF ADMNISTERING of this medi	cation:Yes	No	
PROVIDER SIGNATURE:		DATE:	PHONE:	FAX:
RN/PHN/LSN Signature:		Date	e:	

- School district policy states, written parent authorization is needed before medication can be given. Each student will need their own form for each medication given.
- Prescription medication must be in the original bottle from the pharmacy. Provider signature required.
- Non-prescription medication must be in the original container and age appropriate for the student. No provider signature required.

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STANDING MEDICAL ORDERS Medication Administration in the School Setting

- 1. <u>Prescription Medication</u>: The administration of prescription medications in the school setting will require the written permission of the student's parent and physician. The Licensed School Nurse (LSN) shall be notified to review the medication and then may delegate administration of the medication to an unlicensed assistive personnel (UAP). If the LSN has concerns regarding the medication, the prescribing physician will be consulted with prior to medication administration.
- 2. <u>Non-Prescription Medication</u>: The administration of over the counter medication requires written permission from the parent and authorization by the LSN to administer the medication in the school setting. The LSN will review the medication and delegate medication administration to the UAP. The LSN will verify the medication is appropriate to be given, if not the LSN may contact the parent or physician.
- 3. <u>Cough Drops</u>: Cough or sore throat drops may be administered within the school setting with parent permission. Students in 5th grade or above will be allowed to self-administer cough or sore throat drops unless the parent indicates this is not acceptable.
- 4. <u>Inhalers</u>: Students with asthma or other respiratory disorders that require an inhaler, will be allowed to self-carry their inhaler if the above requirements are met and indicated by their physician. School staff will be notified.

Note: Medication will be kept in the school office. The school district and LSN will not be responsible for students that self-administer medications without physician approval and school office notification.