

# SCHOOL MEDICATION PHYSICIAN ORDER AND PARENT AUTHORIZATION FORM

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First Middle

School \_\_\_\_\_ School Fax #: \_\_\_\_\_ Grade \_\_\_\_\_  
 Fax #'s: Elem. 634-1240 Intermediate 635-5720 Middle 634-6485 High School 634-4745

### PHYSICIANS ORDERS

I hereby request and authorize you to give:

Medication	Dosage	Time	Duration
1. _____			
2. _____			
3. _____			

Diagnosis/medical reason for medication: \_\_\_\_\_

Other medications this student is taking: \_\_\_\_\_

Other recommendations/UNUSUAL side effects: \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Print Physician's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Clinic Name and Address \_\_\_\_\_ Fax No. \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION

1. I request that the above medication be given during school hours as ordered by this student's physician.
2. I release school personnel from any liability in relation to this request when the medication is given as ordered.
3. We will notify the school of any change in the medication (dosage change; medication is discontinued before the time stated in the Dr.'s order).
4. I give permission for the school nurse to communicate with teachers about the action and side effects of this medication.
5. I give permission for the school nurse to consult with the above-named student's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.
6. Field trips – I give permission for the assigned teacher/responsible adult to administer the medication on a field trip, as necessary, following school procedure.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Daytime Phone No. \_\_\_\_\_

## **PRESCRIPTION MEDICATION POLICY**

1. Since giving medications to students presents some potential problems, it is preferred that medications be given at times outside of school hours if possible. If not possible, trained school staff will assist students and parents with this responsibility.
2. Students requiring medicine at school shall be identified by parents to the school nurse, who will then notify the principal and teacher.
3. The Medication Physician Order and Parent Authorization Form must be completed by the physician and the parent before any prescription will be given in school. All prescription medication, except antibiotics, must be accompanied by this written physician's order and parent authorization form.
4. The parent of the student shall assume responsibility for informing the school nurse of any changes in the student's medication. Medication dosage changes must be prescribed and documented in writing by the physician. When circumstances warrant a physician may provide verbal medication orders or changes of dosage to the school nurse only. Verbal orders must be followed by written authorization within 3 school days.
5. For the parent and the child's protection, an adult will bring the medication to the school office. (If there is a reason this is not possible, please contact the school nurse.)
6. All prescription medications must be brought to the school in a prescription bottle issued by a pharmacist. (A duplicate bottle can be obtained from the pharmacist upon request.) The label on the duplicate bottle must match the doctor's order. You are asked to bring a one month supply of controlled substances (i.e. Ritalin, Cylert and Dexedrine) as the medication has to be counted weekly and correlate with the Medication Record and the Controlled Inventory Ledger.
7. All written medication authorization is effective for the current school year only.
8. Medication will be kept in a locked cabinet, file or drawer. Any exceptions to this rule must be cleared through the school nurse.
9. Bronchial inhalers for students requiring this breathing assistance may be carried with the student upon the Physician's written order, parent permission and health office notification. Teachers will be informed.
10. Request for self-administering medications will be dealt with on an individual basis. Approval will be determined on a case-by-case basis by the school nurse. These students must have the Medication Request and Authorization Form filled out and on file in the health office.
11. Students without prior approval, observed by school personnel self-administering medications will be reported to the principal.
12. Any medication given by the school personnel, other than oral or inhalers, must be dealt with on a one to one basis by the school nurse, physician and school personnel (i.e. eye drops, ear drops, injections, gastrostomy tube medications, rectal medications) the school district retains the discretion to reject request for administration of medications.
13. Field trips- planning for students with conditions that require medication on field trips will be done on an individual basis prior to the day of the field trip, with the help of the parent/guardian. It is the teacher and parent's responsibility to inform the health office in advance when the class is going on a field trip. The teacher or other responsible adult can carry and administer the medication on the field trip as necessary, following school procedure.