



Administration of Medication

Student Name: _____ Birth date: _____

Please complete the information below for Physician Order/Authorization and Parent/Guardian Request for Administration of Medication by School Personnel OR Authorization for Self-Carry/Self-Administration. This form MUST be completed for both prescription and over-the-counter medications.

For Medication Administered in the School by Designated Staff

Medication: _____ Dose: _____

Time of Administration: _____ Frequency: _____

Missed morning dose of this medication, may be given at school with: Parent/Guardian permission _____ (initial)

For treatment of: _____ Possible side effects: _____

Last date to be given: _____

Medication allergies: _____

Print Physician Name: _____ Phone: _____

Physician Signature: _____ Date: _____



My Student is in K-5th grade and will need school personnel to administer Medication as prescribed

I, the parent/guardian, request this medication be given as prescribed. I release school personnel from any liability in the administration of this medication at school. I understand that I am responsible for communications with the health care providers ordering this medication. **I understand that this medication will not be administered by a school nurse.**

Parent/Guardian Signature: _____ Date: _____

Print Parent Name: _____

Home Phone: _____ Work Phone: _____



My Student is in 6th-12th grade and has permission to carry and administer this medication

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they need to be contacted.

I have read and understand the School Medication Requirements printed on the back of this form and I agree to its conditions, limitations and restrictions.

Parent/Legal Guardian Signature

Date

MEDICATION ADMINISTRATION REQUIREMENTS

- Medication may be administered only by the school health assistant or other designated school personnel.
- The administration of prescription and nonprescription medication at school requires a completed signed request from the student's parent or guardian. The parent or guardian must put in writing an oral request within two school days. The school may rely on an oral request until the written request is received.
- A written order signed by the licensed medication prescriber and the parent/guardian is required for all prescription medication. The written order must be renewed annually and whenever the medication dosage or administration changes. Prescription Bottles with complete labels will be accepted as a written order
- Prescription medication must come to school in the original container labeled for the student by a pharmacist in accordance with law, and must be administered in a manner consistent with the instructions on the label.
- The parent/guardian must immediately notify the school in writing of any change in the student's prescription medication administration. A new medical authorization and container label with new pharmacy instructions shall be required immediately
- Nonprescription medication must come to school in the original container, marked with the student's name, and must be administered in a manner consistent with the instructions on the label. The parent/guardian must immediately notify the school in writing of any change in the student's nonprescription medication administration.
- For drugs or medicine used by children with a disability, administration may be as provided in the IEP, Section 504 plan or IHP.
- All medication administered at school will be documented in accord with Discovery Charter School procedures.
- Prescription and nonprescription medications are not to be carried by the student, but will be kept in the school health office. Exceptions to this requirement are: (1) prescription asthma medications self-administered with an inhaler in accord with state law and school procedures, (2) a secondary student's possession of nonprescription pain relievers in accord with state law and school procedures, (3) prescription epinephrine self-administered with a non-syringe injector in accord with state law and school procedures, and (4) medications administered as noted in a written agreement between the school and parent or as specified in an IEP, Section 504 plan or IHP (individual health plan).
- Medication should be disposed of according to school procedures at the end of each school year.
- Prescription Inhalers. Students with asthma or a restrictive airway disease are permitted to carry prescription inhalers to self-administer for the treatment of asthma or a restrictive airway disease when they have: (1) written parent consent to do so, (2) a licensed prescriber's order, (3) the inhaler is properly labeled for the student, and (4) the parent has submitted written verification from the prescribing professional that documents an assessment of the student's knowledge and skills to safely possess and use an asthma inhaler in the school setting.
- Epi-Pens. At the start of each school year or at the time a student enrolls in school, whichever is first, a student's parent, designated school staff and the prescribing medical professional must develop and implement an individualized written health plan for a student who is prescribed non-syringe injectors of epinephrine that enables the student to: