



Nurse Phone: 414-649-2825

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## Student Health Center Medication Request/Authorization

### To be completed by Parent/Guardian:

Student Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
 Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Preferred Language: \_\_\_\_\_  
 Grade/Class: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### To be completed by the Medical Provider:

Name of medication: \_\_\_\_\_  
 Reason for medication: \_\_\_\_\_ Dose and route: \_\_\_\_\_  
 Times to be given at school/frequency: \_\_\_\_\_  
 Possible adverse reactions/side effects: \_\_\_\_\_  
 Actions to take if observed: \_\_\_\_\_  
**For PRN orders:** Specific symptoms or conditions under which medication is to be given: \_\_\_\_\_

### Medical Provider approval for students to carry/self-administer medication:

Medication allowed:  Metered Dose Inhaler  EPI-pen  Other, list here: \_\_\_\_\_  
 **Yes**  **No** This child has received adequate instruction about how and when to administer this medication and in my professional opinion is capable and responsible to self-administer it.  
 **Yes**  **No** Due to the need for this child to have this medication immediately accessible, I recommend they be allowed to have this medication in their possession and to use it as prescribed.

**Prescribing Medical Provider Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Signature of Prescribing Provider:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

*I, the parent/legal guardian of the above-named student, have read, understand, and agree to the **Responsibilities and Guidelines for Medication at School**. I give permission for school personnel to administer the above listed medication(s) as authorized by the Medical Provider. I authorize the school nurse to contact the provider directly for clarification of this medical order or to report any adverse reactions/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 an emergency requiring transport to a medical facility.*

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



## Responsibilities and Guidelines for Medications at School

To provide maximum safety for our students and staff, a medication policy was established to guide school personnel and Parents/Guardians in medication administration at school. These guidelines must be followed to be compliant with Federal and State laws.

Whenever possible, medications should be administered at home. If medication must be taken during the school day, the school nurse and/or designated staff member may administer medications if the following conditions have been met:

- A *Medication Request/Authorization* form must be completed and signed by the medical provider, the parent/guardian and must be on file in the Student Health Center before students receive any medication.
- For nonprescription (over the counter or OTC) medications, the *Consent for Over-the-Counter Medications* form must be completed and signed by the parent/guardian and on file in the Student Health Center.
- For safety purposes, parents/guardians are expected to transport and deliver medications to the Student Health Center, or to the office staff. **STUDENTS SHOULD NOT CARRY/BRING ANY MEDICATIONS TO SCHOOL.** Parents/guardians PLEASE bring medications to school.
- Students may not carry or self-administer any medication UNLESS indicated on the *Medication Request/Authorization* form by the prescribing medical provider. Students are expected to be instructed by their Medical Provider on the use of these medications and determined to be capable of taking them safely and independently.
- A new written *Medication Request/Authorization* form is required any time a medication order changes in any way.
- It is the responsibility of Parent/guardians to notify the Student Health Center of any changes to student medical needs, changes to medication orders or to request termination of medication at school.
- Parent/guardians are responsible for picking up remaining medications at the end of the school year or they will be properly disposed of.
- **Medications must be provided in the original manufacturers or pharmacy container.** Baggies, envelopes, or other non-original containers *may not* be used for any medication. If prescription medication is also needed at home, ask the pharmacist for a separate bottle appropriately labeled for school administration.

| Prescribed Medication   | Nonprescription Medication<br>(Over the counter medication)  |
|---|--|
| <ul style="list-style-type: none"> <li>• Complete pharmacy label.</li> <li>• Medication expiration date.</li> </ul> | <ul style="list-style-type: none"> <li>• Name of student written on container.</li> <li>• Complete manufacturer's label.</li> <li>• Medication expiration date.</li> </ul> |