

STUDENT MEDICATION PERMIT – AUTHORIZATION for ADMINISTRATION

Parent or Legal Guardian INITIAL your preference below:

- ➡ **Altered School day schedule (delay or early release):** _____ Medication may be given at the regularly scheduled time.
_____ Special arrangements need to be followed as noted: _____
 - ➡ **Field Trips:** _____ Give medication as scheduled. _____ DO NOT send medication for my child on field trips.
Only prescription medication will be sent on field trips, unless otherwise ordered by physician.
 - ➡ **SENDING MEDICATION HOME:** _____ Medication may be sent home with my child. _____ Medication will be picked-up by parent/guardian.
_____ Medication will be picked-up by: _____ who is at least 18 years of age.
- Any medication not sent home or picked-up as noted above will be disposed of at the end of the school year. Health Services strongly encourages parent/guardian to drop off and pick up any controlled medications.

Other trained staff may give prescription and over-the-counter medication on field trips and/or when the nurse RN is not in the building ONLY after the medication has been checked by the nurse RN.

- I assume responsibility for the safe transport and delivery of this medication to school.
- I will notify the school, in writing, of any change in the medication (ex: dosage change, time change, medication has been discontinued).
- I give permission for the nurse RN to communicate with my child’s physician, teacher, and necessary school staff about my child’s health condition and the action of the medication.
- I release and agree to hold EACS, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

I (parent/legal guardian) have read, understand, and agree with the terms stated on this permit.

Signature: _____ Date: _____ Daytime Telephone Number: _____

MEDICATION SENT HOME DATE: _____ NUMBER OF TABS IN BOTTLE _____ RELEASED TO: _____
(Signature of Parent/Legal Guardian/Representative)

PARENT OR LEGAL GUARDIAN TO COMPLETE:			
Student’s Name: _____	DOB _____	Grade: _____	Room: _____
<u>2020-2021</u> School Year			
Medication: _____	Dose: _____	Time: _____	
<small>(Name of Medication and Strength)</small>			
Route: <input type="checkbox"/> By mouth	<input type="checkbox"/> Inhaled	<input type="checkbox"/> Other _____	Medical Condition/Illness/Complaint: _____

Guidelines for Medication Administration at School

The purpose of administering medication at school is to help the student maintain an optimal state of health to enhance his/her educational plans. Medication (prescription, non-prescription or over-the-counter, and/or herbal, vitamin, dietary supplements) required by the student should be administered by a parent/legal guardian at home. The parent/legal guardian should use every effort to have medication times set for time periods other than school hours. Medications given during school hours should be only those necessary to provide the student access to his/her educational program.

When this is not possible, school personnel may assist in the administration of medication during school hours, subject to the following guidelines. The intent of the guidelines is to reduce the number of medications given at school, yet assume safe, effective administration of medications for those students who require them.

Guidelines for Medication Administration at School:

1. **Students are not to carry any type of medication**, (prescription, non-prescription or over-the-counter, and/or herbal, vitamin, dietary supplements), with them or have medication in their lockers, book bags or purses without prior written permission of the school nurse RN. Medication brought to school should be taken to the clinic or main office upon arrival. Violation of this policy may result in disciplinary action.
2. The **STUDENT MEDICATION PERMIT – AUTHORIZATION for ADMINISTRATION** *must be completed and signed by the parent or legal guardian BEFORE any medication may be given at school.* One authorization form for each medication sent to school. This authorization will be on file in the school clinic and will remain valid until the completion or expiration date of the medication or the end of the school year.
3. ALL medication must be in the original container (including inhalers), labeled with the student's name, medication name, and directions to administer. Pharmacy label on prescription medications, will meet the requirement for a health care provider's written order.
4. If the medication is a physician's SAMPLE, the parent/legal guardian must also supply to the school written authorization from the health care provider.
5. If this is a NEW medication for the student, the first dose must be given at home for parent/legal guardian to observe for untoward reaction.
6. Expired medication will not be given.
7. Over-the-counter medications will be administered within the dosage parameters and frequency recommended on the container.
8. All medication is stored in a LOCKED cabinet in the school clinic.
9. Prescription medication for emergency situations (asthma, severe allergic reaction, diabetes) must be in the original pharmacy labeled container. Students may carry and self-administer emergency medication ONLY with an **EACS Medication Self-Administration Consent Form** (Hs-5b) completed and signed by the parent and health care provider on file in the school clinic, and with assessment and approval by the school nurse RN.
10. If medication administration guidelines 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 the medication to their child in the office or clinic.
11. Contact the school nurse RN for the complete **EACS Medication Policy** (Hs-19).