

Request to Administer Medication at School



Name of Student: _____ Birthdate: _____

School: _____ School Year: _____ Grade: _____

Health Care Provider Authorization

Diagnosis (include ICD 10 code)	Medication (include strength)	Dose	Time	Route	Possible Side Effects
1.					
2.					
3.					
4.					

Other Considerations/Directions: _____

Start Date: _____ Stop Date: _____ (All authorizations expire at the end of the school year)

Print or Type Name of Physician/Licensed Prescriber

Physician's/Licensed Prescriber's Signature

Date

Clinic Address

Phone Number

Fax Number

Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
 - I release school personnel from liability in the event adverse reactions result from taking the medication(s).
 - I will notify the school of any change in the medication(s) (example: dose change, medication is discontinued, etc.).
 - I give permission for the school nurse to communicate with the student's teachers about the action and side effects of the medication(s).
 - I give permission for the school nurse to consult with the above named student's health care provider regarding any questions that arise in regards to the listed medication(s) or medical condition(s) being treated by the medication(s).
 - I give permission for the medication(s) to be given by designated school personnel as delegated by the school nurse.
 - I acknowledge that any controlled medication must be dropped off and picked up by the parent/guardian.
 - I acknowledge that any medication(s) not picked up at the end of the school year will be destroyed.
- I give permission for the health office to send remaining medication (non-controlled only) home with my student at the end of the school year or if the medication is discontinued sooner.

Parent/Guardian Signature

Relationship to Student

Date

SEE OTHER SIDE FOR MEDICATION PROCEDURES

Independent School District #622 North St. Paul-Maplewood-Oakdale **Student Medication Procedures**

The purpose of administering medications in school is to assist students to maintain an optimal state of health and therefore enhance their educational success. The intent of this procedure is to assure safe administration of medication (both prescription and over-the-counter) in school for those students who require them. Whenever possible the parent or guardian should make arrangements to administer medications at home.

1. The school nurse (LPN/ARN) will be the designated staff in each building to administer medications. In absence of the school nurse, medication may be administered by a substitute school nurse, principal, teacher, or other staff member trained by a Licensed School Nurse (LSN) or BSN.
2. Request to Administer Medication Form must be received and signed from both parent/guardian AND physician or other authorized prescriber (physician's assistant, dentist, certified nurse practitioner) before prescription or over-the-counter medication can be administered at school. It needs to be renewed annually or whenever there is a change in medication (i.e. dose, time, etc).
3. For the safety of all students, medications must be brought to the school health office by parent/guardian.
4. Prescription medication must come from the pharmacy in a current pharmacy labeled container. Over-the-counter medications must come in the originally labeled and sealed container with the student's name written on it. All medication must not be expired.
5. Herbal, holistic, homeopathic and/or natural products must be given at home because the Food and Drug Administration (FDA) does not regulate these products in the same manner as prescription medications and there is the potential for these products to interact with other substances, medications and foods.
6. Controlled medications such as Ritalin, Concerta, and Adderall must be counted by the parent/guardian and school nurse as each supply arrives. The count shall be noted on the student's medication record.
7. Any medication requiring clinical nurse judgement such as intravenous, intramuscular, gastrostomy, rectal and emergency medication must be dealt with on an individual basis by the LSN/BSN.
8. Planning for students requiring medications on field trips will be done on an individual basis prior to the trip day. After delegation by the LSN/BSN, the teacher or other trained adult will carry and administer the medication following school policy and procedure.
9. A student may self-administer/self-carry medication at school if so ordered by their licensed prescriber per the self-administration form.