



Authorization for Administration of Medication at School

*[Insert School Name and Address]
[Insert School Health Office Contact Info]*

Parent/guardian AND a licensed health care professional must provide written permission for school personnel to administer student medication(s) every school year.

Student Name: _____ Date of Birth: _____

School: _____ Grade/Room: _____

Licensed Health Care Provider Order(s) for Administration of Medication by School Personnel

Diagnosis	Medication	Dose	Time	Route	Possible Side Effects
1.					
2.					
3.					

Other considerations/directions: _____

Start Date: _____ Stop Date: _____

(All authorization expires at the end of the current school year or summer school as applicable.)

 Licensed Health Care Provider Signature Printed name of the Licensed Health Care Provider Date

 Clinic Address Phone Fax

NOTE: ALL MEDICATION MUST BE SUPPLIED IN THE ORIGINAL/PRESCRIPTION BOTTLE

Parent/Guardian Authorization for Medication Administration

- I request the medication(s) listed above be given during school hours as ordered by this student's licensed health care provider. I also request the medication(s) be given on field trips as prescribed.
- I will immediately notify the school health office of any medication change(s) (i.e. dosage change, medication discontinued, etc.).
- I give permission for health office staff to communicate, as needed, with school staff about this student's health condition(s) and the action of the medication(s).
- I give permission for health office staff to consult with this student's licensed health care provider about any medication questions and/or any medical condition(s) being treated by the medication(s).
- I give permission for school personnel to give the medication(s) as delegated by the licensed school nurse.

 Parent/Guardian Signature Relationship to Student Date Daytime Phone



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Medication Information for School District #281

For the safety of all students, medication will be administered during the day according to district policy. When your student needs medication during the day, it is preferable to give it at home. Medicine prescribed three times a day can usually be given before school, after school and at bedtime. When this is not possible, please help us with the following requirements:

- ✓ To administer medication, the health office must receive a written medication order **from the student's licensed health care provider** and obtain written parent/guardian consent annually. This includes all prescription medication as well as any over-the-counter medicine (Tylenol, Advil, cough drops, cold medicine, etc.).
- ✓ All medication must be sent to school in the original labeled prescription bottle or over-the-counter container.
- ✓ Medications given at school will be secured in the health office with the exception of select nonprescription medication for 9-12 grade students. Students may self-carry and self-administer epinephrine pens and asthma inhalers with prior written authorization from the student's licensed health care provider, parent/guardian and Licensed School Nurse (LSN) if they are deemed capable of safe administration. Please consult your LSN to make this arrangement. Please note elementary students generally benefit from health office supervision.
- ✓ Parents/guardians must immediately notify the health office when there are any changes or updates to the student's medication order (i.e. the medication is discontinued, the administration time changes, etc.). If the medication dosage changes, a new medication order must be completed and on file in the health office.

Medication forms are available in the health office or on the health services web page at www.rdale.org under Support Services.

If you have any questions, please call your licensed school nurse. Thank you for your cooperation!