

Muhlenberg School District

Authorization for Medication During School Hours

Student Name: _____ Date of Birth: _____
School: _____ Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a **Medication Authorization** form signed by the student 's parent/guardian and a licensed medical prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by a licensed school health professional according to my child 's licensed prescriber 's directions.

I give permission for my child to transport their medication to and from school

Yes _____ (initials) No _____ (initials)

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order (below is to be completed by licensed prescriber):

Patient's name: _____ Date: _____

Name of medication(ONE form per medicine): _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

For asthma inhalers and epinephrine pen only:

_____ (initial) I have instructed this student in the proper way to use his/her Asthma Inhaler or Epinephrine Injector. It is my professional opinion that this student **should be allowed** to carry and use this medication by him/herself.

_____ (initial) It is my professional opinion that this student **should not** carry his/her Asthma Inhaler or Epinephrine Injector. This medication will be kept in the nurse's office and administered by the nurse.

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____

Phone: _____ Fax: _____

MUHLENBERG SCHOOL DISTRICT
Medication Administration Policy

Dear Parents or Guardians:

To insure your child's good health and safety, the Board of Directors of the MUHLENBERG SCHOOL DISTRICT has established the following policy, which governs the administration of medication to the pupils during school hours.

1. Administering medication:

Whenever possible, medication should be given to your child before or after school. If this is not possible, only the licensed school nurse or his/her licensed designee are authorized to administer medication to the students.

2. Licensed Prescriber/Parent/Guardian Permission:

You as the parent/guardian must provide a written order from a licensed prescriber for the prescribed medication. The licensed prescriber must indicate the student's name, name of the medication, the dosage, the time and dates to be given, possible side effects, any special care needed for the medication, the termination date for administering the medication and the licensed prescriber's signature. This request is valid for one school year.

The parent or legal guardian must also provide written permission to have the school administer the medication. (See attached Medication Authorization sheet.)

3. Medication transport to school:

A responsible adult shall bring all medication to school, except in situations in which the parents, licensed prescriber, and school nurse believe that it is the best interest of the student that he or she carries the medication, such as with an emergency medication like an asthma inhaler. If parent is unable to bring the medication to school, the parent will need to sign a statement giving the child permission to transport the medication to school. The medication must be in its original container.

4. Check- In Procedure:

The school nurse shall record the date the medication is brought in and count and record the number or amount of medication received from the parent/guardian.

5. Original Container/Dosage:

All medication must be received in the original labeled container, which should include the student's name, name of the licensed prescriber, name of the medication and exact medication administration instructions. The school shall not administer expired medications. It is the responsibility of the parents to notify the school nurse of any changes to the original prescription label. All medication shall be stored in a secure locked and clean cabinet at all times.

6. Self-medication/Students medication responsibility:

Students shall not administer any medication to themselves except when the licensed prescriber, the parent or legal guardian and school nurse agree in writing that it is necessary and appropriate. An example of permissible self-medication administration would be the use of an asthma inhaler, epinephrine injector or other similar emergency medications. It shall be the student's responsibility to come to the nurse's office at the appropriate times for medication. If a student fails to report to the health room for medication, the school nurse or licensed designee will locate the student and remind them to take their medication.

7. Documentation:

The school nurse shall keep a separate medication administration record for each student. All records shall be deemed a permanent part of the student's records and shall be confidential, except as disclosed to other staff members on a need-to-know basis only.

Revised: 6/2017