

ANTIETAM SCHOOL DISTRICT

AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION

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 Administration Consent form signed by the student's parent/guardian and a Medication Order from a licensed 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 school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone: _____

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____ Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____ Phone: _____

****Please review other side**

Administration of Medication

A parent/guardian or a responsible adult designated by the parent/guardian should deliver all medications to the school. The medication must be in the original over-the-counter or pharmacy labeled bottle. Prescription medication labels must contain:

- Name, address, telephone number and Federal DEA (Drug Enforcement Administration) number of the pharmacy
- Patient name
- *Directions for use (dosage, frequency and time of administration, route, any special instructions)
- *Name and registration number of the licensed prescriber
- *Prescription serial number
- Date originally filled
- Name of medication and amount dispensed
- Controlled substance statement, if applicable

Medications in plastic bags or containers other than their original pharmacy container are NOT acceptable.

At the end of each school year, a parent/guardian or a responsible adult designated by the parent/guardian should pick up all unused medications.

Medication should be scheduled around school hours if possible. Medication orders are required from a physician for prescription and over-the-counter medicine, as well as herbal remedies. The order from the physician must include:

- Student's name
- *Name, signature, and phone number of the licensed prescriber
- *Name of medication
- *Route and dosage of medication
- *Frequency and time of medication administration
- *Date of the order and discontinuation date
- *Specific directions for administration if necessary

*****A new prescription is needed EVERY school year for medicine that is taken on a long term basis. Physicians' orders do not carry over from one school year to the next. They are good for one school year and summer only.**