

CLASSROOM: TINA JETER

Academic Year: 2020-2021

Dear Parent(s),

The guidelines for the administration of medication include the following requirements:

1. No non-prescription medication will be administered at school.
2. **ONLY MEDICATION THAT IS ABSOLUTELY NECESSARY FOR THE CRITICAL HEALTH AND WELL BEING OF THE STUDENT WILL BE ADMINISTERED AT SCHOOL.**
3. A written statement from the student's physician stating that the medication is absolutely necessary for the critical health and well-being of the student.
4. The student's physician must also provide a written order detailing:
 - a. the necessity for medication during the day
 - b. the type of disease or illness involved
 - c. the benefits of the medication
 - d. the side effects
 - e. the name of the drug, dosage and the time interval in which the medication is to be taken
 - f. emergency number for the physician
5. **A new medication authorization form is required each year. Copies of current or previous forms will not be accepted.**
6. **Any change in medication, dosage or side effects will also require a new form.**
7. All approved medication must meet the above requirements. Such approved medication must be brought in a container appropriately labeled by the physician or pharmacist. The parent or guardian must bring the medicine to avoid unsupervised transportation.
8. Parents are to use the Medication Authorization Form for administration of medication and the parent/guardian signature is required.
9. Students with known allergies such as bee stings and peanut butter may require emergency administration of medication (epi pen) and/or transportation to the hospital should have the Injectable Medication Authorization Form completed and on file.

Medication Authorization Form

To be filed in the Student's Record

Student's Name
Birthdate

Address

Home Phone
Emergency Phone

School
Grade
Teacher

To be completed by the Student's physician

Name of Medication

Dosage
Frequency
Time to be given in School

Date of Prescription
Date of Order
Discontinuation Date

Diagnosis requiring medication

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medication condition?
 YES
 NO

Possible side effects, if any

Time interval for reevaluation

- The medication is to be self-administered. I certify that the student above has been instructed in the use and self-administration of the above-named medication and the child can fulfill the requirements of the procedure.
- The above-named student may carry the prescribed medication and / or inhaler.

Other medications student is receiving

Physician's Signature
Date

Physicians Name (Please print)

Physician's Address

Office Phone
Physician's Emergency Phone

I confirm that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a Medical emergency, I hereby authorize my child's teacher, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the teacher's supervision) lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. The teacher may communicate with the prescribing physician regarding medications or health issues relating to this medication. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the teacher arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the teacher and the Center, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s) Guardian(s) Signature
Date

Parent(s) Guardian(s) Name (Please Print)