Southern Plains Education Cooperative Consent Form for Administration of Medication During the School Day

Before any medication is administered by school personnel this form must be completed and on file in the school office. It must be renewed each year. Birthdate _____ Student Name____ Grade Home Address School School Year **Physician's Order** (Medical Provider Fills In) I have prescribed the following medication for this child and request school personnel administer the dosages given during the school day. Medication Dosage and Time Instructions for Giving Medication Possible Side Effects Diagnosis/Medical Reason for Medication Inhalers, insulin, epi-pens: has child received instructions and permission for self-administration? Yes or No Physician's Signature Date Print Name Office Address Phone Parent/Guardian Authorization For Prescription Medication (A Doctor's Order is Needed Along With This Authorization.) Parent, please initial on the line. I request the medication(s) listed by my medical provider on this sheet, be given during the school day. I give permission for the school nurse/designee and physician or medical provider to exchange information regarding this medication and the diagnosis for which it is prescribed. I release school personnel from any liability in relation to the administration of this medication at school. (Administration of this medication will not necessarily be done by a school nurse.) I will provide this medication in the original, properly labeled pharmacy bottle and transport it to the school. I will provide a medication discontinuation order from the physician if medication is stopped. I understand that this form does not apply to after school activities or summer school. Parent/Guardian Signature Parent/Guardian Authorization **For Non-Prescription Medication** A doctor's order is <u>not</u> needed for non-prescription medication. Parent may fill in this section. Purpose for Giving Medication Medication Amount to be Given Frequency Parent, please initial on the line. I release school personnel from any liability in relation to the administration of this medication at school. (Administration of this medication will not necessarily be done by a school nurse.) I will provide medication in the original bottle with child's name on it and transport it to the school. I understand that this form does not apply to after school activities or summer school. Parent/Guardian Signature For Office Use Only - Short Term Medication Documentation - Medication Dose Date Time Signature Date Time Signature Date Signature

Southern Plains Education Cooperative Medication Guidelines

The administration of medication to students shall be done only in the exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medicine should be done at home. (Medicine prescribed three times per day can be given before school, after school and bedtime.)

- 1. Administration of prescription medication by school personnel must only be done according to the written order of a physician and written authorization of parent/guardian. Non-prescription medication will be administered to students only with parent/guardian written authorization.
 - a. Only oral medications will be administered in school. (exception: insulin or inhalers)
 - b. Medication will be taken by the student at the designated time supervised by a school nurse or his/her designee, secretary, teacher or principal.
 - c. Mixed dosages in a single container will not be accepted for administration at school.
- 2. A new medication form is required when the dosage or time of administration of the medication is changed. New consent forms with appropriate signatures must be received each school year.
- 3. When a long-term daily medication is stopped, a physician's order is required.
- 4. All medication (prescription and non-prescription) must be brought to school by a parent/guardian in its original container.

The following information must be on the prescribed container label:

- a. Student's full name.
- b. Name and dosage of medication
- c. Time and directions for administration must match the authorization form (e.g. three times per day is not acceptable)
- d. Physician's name
- e. Date (must be current)
- 5. All oral medications are not to be carried by the student in the elementary grades and will be kept in a locked cabinet or in the school health office. **A student may never carry controlled substances.** Students enrolled at Southern Plains Education Cooperative may carry over the counter medications with them with "written" parental permission.
- 6. Students with severe allergies who may need their Epi-Pen during the school day will be allowed to carry and be responsible for their administration of their own Epi-Pen. Proper medical education will need to be documented either by the school nurse or medical provider.
- 7. Students with asthma who need to use their inhaler during the school day will be allowed to carry and be responsible for administration of their own inhaler. Proper medical education will need to be documented either by the cooperative nurse or medical provider.
- 8. Special arrangements must be made with the school nurse concerning administration of medication to children with disabilities through gastrostomy tubes, rectal, injectable or oral routes.
- 9. On field trips, parents need to be sure arrangements are made regarding the administration of the student's medication. Student medications for severe allergies should be taken on all field trips.