

MEDICATION AUTHORIZATION FORM

Dear Parents,

School District policy states that prescription medication may not be given to students in the school setting unless a written request from the parent and physician signature & verification in writing is received. Non-prescription medications require a written request from the parent.

Please complete and return this form along with the medication in an **Original** labeled container. The prescription medication label must include the **child's name, physician, name** and **dosage of the medication** and **route**. **Non-prescription** medications must be in an Original labeled bottle.

Each medication requires a separate medication form. If you have any questions, please contact the school office.

Name of Student: _____ DOB: _____ Grade: _____

List any Drug Allergies: _____

Diagnosis: _____ Physician: _____

Name of Drug: _____

Dosage: _____

Time of Day or Frequency of Use: _____

Dates covered by this order: _____ to _____

Possible side effects: _____

Physician Signature: _____

I request that the above medication be given at school as prescribed by our physician (if prescription) or by my permission (if non-prescription)

Parent Signature: _____ Date: _____

RN Contacted: Signature: _____ Date: _____

STANDING MEDICAL ORDERS
For medication administration in the school setting

- _. **Prescription Medication:** The administration of prescription FDA approved medications in the school setting will require the written permission of the student's parent & physician. The Licensed School Nurse shall be notified to review the medication & then may delegate administration of the medication to a school representative(s) who is Licensed School Nurse has any concern, the physician will be consulted prior to administration of the medication.

- _. **Non-Prescription Medication:** The administration of FDA approved non-prescription medications such as Tylenol, aspirin, Ibuprofen, cough syrup, nasal spray, antacids, etc. will require the written permission from parent and authorization by the Licensed School Nurse to be given in the school setting. The nurse will review the non-prescription medication and can delegate the medication to be given to the student after the dosage is checked and determined to be safe to be administered. If the nurse determines any potential safety concerns, a physician will be contacted prior to administration.

- _. **Cough Drops:** Cough or sore throat drops may be administrated within the school setting with parental permission. Students in 5th grade of above will be allowed to carry cough or sore throat drops with them and self-medicate unless the student's parent indicated not to allow this.

- _. **Inhalers:** Students with asthma or other respiratory disorders may need to be allowed to carry an inhaler with them for use as a rescue inhaler. This will be allowed after the above requirements are fulfilled. Staff will be notified of this special circumstance.

NOTE: Medication shall be kept in the office unless the student's parent has been contacted and other arrangements are made. Medications may be kept in a locked box in the student's classroom if that student's teacher does the medication administration. Red Rock Central and the Licensed School Nurse will not be responsible to self-medicating students who do not notify the school office of use of medications within the school setting.