



# AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_  Prescription Medication  Over the Counter Medication

Is your child taking any other medications presently?  Yes  No

**Physician orders must be received before prescription medication will be administered at school.**

Medication	Dosage	Route	Time/Frequency of Administration

### LICENSED PROVIDER ONLY

Diagnosis and ICD 10 Codes: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other considerations/directions: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_ (all authorizations expire at the end of the school year)

Student may self-administer \_\_\_\_\_ (N/A for controlled substances and lower school students)  
(medication)

\_\_\_\_\_  
Signature of Physician/Licensed Prescriber

\_\_\_\_\_  
Printed Name of Licensed Prescriber

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

### Parent/Guardian Authorization

- I request that the above medication(s) be given during school hours as ordered by this student's licensed prescriber. I also request the medication(s) be given on field trips as prescribed.
- I release school personnel from liability in the event adverse reactions result from taking the medication(s).
- I will notify the school of any change in the medication(s) i.e. dosage, medication discontinued, etc.
- I give permission for the school nurse to consult with the licensed prescriber regarding any questions that may arise regarding the listed medication(s), or medical condition(s) being treated by the medications.
- I give permission for the school nurse to communicate with the student's teachers about the student's health condition(s) and the action of the medications(s).
- I have read and understand the medication guidelines provided with this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone #

## MEDICATION GUIDELINES

### Daily Prescription Medications

- A physician's order, along with this form signed by the parent/guardian or this document completed and signed by a licensed provider and parent signature is required before medication will be administered
- The following information must be on the prescription container label
  - Student's full name
  - Name and dosage of medication
  - Time & Directions for administration at school
  - Physician/licensed prescriber's name
  - Date (must be current)
- IMPORTANT:** Mixed dosages in a single container will not be accepted for administration at school
  - If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at school
- Narcotics/medical cannabis will not be administered at school
- When a new medication is started, the first dose must be given at home, unless it is a rescue medication

### Over-the-counter Medications

- Medication administration form signed by parent/guardian
- Non-prescription medications must be brought in the original container
- Eagle Ridge Academy does not supply OTC medications for student use**
- 7th - 12th grade student may possess and use nonprescription pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication.
- IMPORTANT:** Parents who would like over the counter medications given on a schedule will need to provide physician's orders

### Other Information

- It is suggested, whenever possible, medications be given at home
- A new medication consent form is required for any medication changes
- When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested
- Medication will be kept in a locked cabinet in the health office unless...

- ❑ Students with severe allergies who need their epinephrine auto-injector during the school day will be allowed to self-manage, carry, and be responsible for the administration of their epinephrine auto-injector with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Licensed School Nurse. (See Emergency Action Plan)
- ❑ Students with asthma who need to use their inhaler during the school day will be allowed to self-manage, carry, and be responsible for the administration of their inhaler with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the Licensed School Nurse. (See Emergency Action Plan)
- ❑ A secondary student may possess and use nonprescription OTC pain relief in a manner consistent with the labeling, if the school district has received written authorization from the student's parent or guardian permitting the student to self-administer the medication.
- ❑ All medication (prescription and non-prescription) must be brought to and from school by a parent/guardian in its original container and must be FDA approved
- ❑ **New consent forms with licensed health care provider and parent/guardian signatures must be received each school year**

<h3>Contact Information</h3>
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**Email**

- ❑ **Nurse's Office** -  
nurse@eagleridgeacademy.org
- ❑ **(District School Nurse)** -  
[rulbrich@eagleridgeacademy.org](mailto:rulbrich@eagleridgeacademy.org)
- ❑ **Latisha Williams (Health Aide)** -  
[lwilliams@eagleridgeacademy.org](mailto:lwilliams@eagleridgeacademy.org)

**Phone Number**

- ❑ 952-746-7760 ext 1301 - School Nurse
- ❑ 952-746-7760 ext 1303 - School Health Aide

**Fax Number**

- ❑ 952-746-7765