

SCHOOL MEDICATION PRESCRIBER/PARENT AUTHORIZATION

STUDENT INFORMATION

Student's Name _____ Date of Birth _____
 School _____ Grade _____ Teacher _____ School Year _____
 List any known drug allergies/reactions _____ Height (inches) _____ Weight (lbs) _____

PRESCRIBER AUTHORIZATION

Name of Medication _____ Reason for Taking _____
 Dosage _____ Route _____ Frequency/Time(s) to be given _____
 Begin Medication _____ Stop Medication _____
 Date Date

Special Instructions:

Does medication require refrigeration? Yes No
 Is the medication a controlled substance? Yes No
 Is self-medication permitted and recommended for this student? Yes No
 If yes, do you recommend this medication be kept "on person" by the student? Yes No

Potential Side Effects/Contradictions/Adverse Reactions _____

Treatment Order in the event of an adverse reaction: _____
 (Attach additional sheet or use the back of this form if necessary)

I hereby affirm that this student has been instructed in the proper self-administration of the prescribed medication (s).

Signature of Prescriber (please print) _____ Date _____ Phone _____ Fax _____

PARENT AUTHORIZATION

I authorize the School Nurse, the registered nurse (RN) or licensed practical nurse (LPN) to delegate to unlicensed school personnel the task of assisting my child in taking the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the School Nurse to talk with the prescriber or pharmacist should a question come up about the medication.

Medication must be registered with the principal, his/her designee, or the school nurse. It must be in the original, unopened, sealed container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

Signature of Parent _____ Date _____ Phone _____ Cell _____

SELF-ADMINISTRATION AUTHORIZATION

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her attending physician. I shall indemnify and hold harmless the school, the agents of the school, and the local board of education against any claims that may arise relating to my child's self-administration of prescribed medication(s).

Signature of Parent _____ Date _____ Phone _____ Cell _____

Listed below you will find the Medication Guidelines set forth by the Alabama Board of Nursing, the Alabama State Department of Education, and the Trussville City Board of Education. Our first priority is the safety of our students and your children. Please keep a copy of the School Medication Prescriber/Parent Authorization form in case your child should need medication during school hours. The form is also available on our school website at www.trussvillecityschools.com.

If you have any questions or concerns please call 228-3214. Thank you for your help and cooperation in this matter.

- ◆ If your child has a prescription medication that needs to be taken at school, your doctor must complete the medication authorization form before any medication can be given. Any change in dosage or time given will require new authorization from the doctor.
- ◆ Any medication that is administered at school must be in **the original container**. Please do not send medicine in zip lock bags, old pill bottles, saran wrap, etc.
- ◆ Children are not permitted to transport medication from home to school. **Parents/Guardians must be responsible for bringing all medication to the school.**
- ◆ We must have written permission by the parent/guardian for over the counter medications with specific instructions as to dosage, time given and why such medication is necessary. Parents must provide the over the counter medicines such as Tylenol, Motrin, Benadryl, etc. in the original container. Such medicines will only be kept for 2 weeks unless otherwise approved by the school nurse.
- ◆ Liquid medication must be precisely measured. Parents must provide a calibrated medicine cup, spoon, or syringe. Silverware or plastic spoons cannot be used.
- ◆ The health room personnel can treat cuts, scrapes, bug bites, bumps, etc. with soap, water, calamine lotion, band-aids and ice bags only.

Please keep your home, work and cell telephone numbers current in the event of an emergency or sickness. Send any and all telephone number changes to your child's teacher. Thank you for your help and understanding with this matter. We want to help your child.