

ST. MICHAEL-ALBERTVILLE SCHOOLS, ISD #885
MEDICATION AUTHORIZATION FORM

Name of Student _____ Date of Birth _____ Grade _____ Teacher (K-4 only) _____

Medication _____ Dosage _____ Time _____

Start Date _____ Stop Date _____ Route _____
(All medications expire at the end of the school year)

Diagnosis/medical reason for medication _____
Other medications this student is taking _____
Allergies _____
Physician's name _____ Phone _____
Clinic _____ Fax _____

PHYSICIAN AUTHORIZATION

Other recommendations/unusual side effects _____
This student has been trained and is capable to carry and self-administer this medication
K-6: Inhalers and Epi-pens only: Yes ___ No ___
7-12: Inhalers, Epi pens and Over-the-Counter pain relievers: Yes ___ No ___
Physician's signature _____ Date _____
Print Physician's Name: _____ Clinic Name: _____

PARENT/GUARDIAN AUTHORIZATION

- See reverse side regarding St. Michael-Albertville Schools' medication policy and procedure:
1. I request that the above medication be given to my child during school hours as ordered by his/her physician/licensed prescriber. I also request the medication be given on field trips, as prescribed.
 2. I will immediately notify the Health Office of any change in the medication, physician's order, dosage, frequency or stop date.
 3. I understand and authorize my child's healthcare provider to release or share my child's protected health information regarding this medication.
 4. I give permission for the medication to be given by designated personnel as delegated by the school nurse.
 5. I give permission for the school nurse or health assistant to communicate with other school personnel about the action and side effects of the medication.
 6. I release all school personnel and ISD # 885 from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.
 7. I authorize the school nurse to dispose of this medication if it is expired or if it is not picked up 2 weeks following the conclusion of the school year.

This student has been trained and is capable to carry and self-administer this medication
K-6: Inhalers and Epi-pens only: Yes ___ No ___
7-12: Inhaler, Epi-pens and Over-the-Counter pain relievers: Yes ___ No ___
Parent/Guardian Signature _____ Date _____
Relationship to Student _____ Phone _____

Summary of medication policy and procedure on reverse side

Only medications required during the school day will be given in school. Medications prescribed three times per day do not need to be given during the school day unless the student goes to day care or activities after school. Students requiring medications during the school day must have written authorization. Authorization to give short-term medications (administered for less than 2 weeks) must be signed by a parent or guardian. Authorizations to give long-term medications (administered for greater than 2 weeks) must be signed by a parent or guardian **and** physician or other licensed prescriber (Physician's Assistant, Certified Nurse Practitioner). Authorization must be completed annually and/or when a change in the prescription occurs.

Parents must provide all medications for their children. Parents, or another adult, should bring all medications to school; children should not transport medications to school. Prescription medications must be in the pharmacy-labeled container and over-the-counter medications must be in their original container. Ask your pharmacist for a separate bottle for school. A new bottle, with a corrected pharmacy label, must accompany each prescription medication change. Medications brought in unlabeled bottles, baggies, etc. or without proper authorization will **not** be given. St. Michael-Albertville Health Services will **not** administer dietary supplements, herbal products or products not regulated by the Food and Drug Administration.

Medications administered in school shall be kept in the school health office. Medications are not to be carried by students, kept in student lockers or self-administered, unless documented otherwise in the student's health record. Exception: students may carry and self-administer inhalers and/or epi-pens if permission to do so is provided by the student's physician and parent/guardian, as indicated on the front of this Medication Authorization Form, and the school nurse determines that the student has the knowledge and skills to safely possess and use his/her inhaler and/or epi-pen independently in school. A Student Self Administration Log is available in the Health Office for students to document self-administration. Tylenol and other over-the-counter medications are to be provided by the parent or guardian, are to be kept in the school health office and will not be given without proper authorization. Exception: students in grades 7 – 12 may carry and self-administer over-the-counter pain relievers (with exception of any product containing ephedrine or pseudoephedrine), as long as they have written parent permission (as indicated on the front of this form), follow the manufacturer's directions regarding dosage and frequency of administration, the medication is in its original container and they do not share the medication with any other student. St. Michael-Albertville Schools may revoke a student's privilege to possess and use over-the-counter pain relievers if district staff determines that the student is abusing the privilege.

For grades K-6, when medications are discontinued and at the end of each school year the parent/guardian or other adult must pick up the remaining medication; medication will not be sent home with students. For grades 7-12, medications will be sent home with the student upon discontinuation or the last week of school. **Exception:** controlled substances and any medication deemed appropriate by the school nurse must be picked up by a parent/legal guardian. **If medication is not picked up within two weeks, the medication will be discarded.**

The medication policy does not cover medications needed before or after school or during summer school. **It is the parent's responsibility to contact the supervising teacher or coach if their child has a medical concern and/or needs medication during these times.**