SCHOOL MEDICATION PHYSICIAN ORDER AND PARENT AUTHORIZATION FORM

NAME _____ BIRTHDATE _____
(last) (first) (middle)
SCHOOL _____ GRADE _____

PHYSICIAN'S ORDER

I hereby request and authorize you to give:

Medication	Dosage	Time	Duration
1)			
2)			
3)			

Allergies: _____

Diagnosis / medical reason for medication: _____

Other medications this student is taking: _____

Other recommendations / UNUSUAL side effects: _____

_____

Physician's Signature _____ Today's Date _____

Print Physician's Name _____ Phone No._____

Clinic Name & Address _____ Fax No. _____

PARENT / GUARDIAN AUTHORIZATION

1) I request that the above medication be given during school hours as ordered by this student's physician / licensed prescriber. I also request the medication to be given on field trips, as prescribed.

2) I release school personnel from any liability in relation to this request when the medication is given as ordered.

3) I will notify the school of any change in the medication (dosage change; medication is discontinued, etc.)

4) I give permission for the nurse to communicate with the student's teachers about the student's health condition and the action and side effects of this medication.

5) I give permission for the nurse to consult with the above-named student's physician regarding any questions that arise with regard to the listed medication or medical condition being treated by this medication.

6) I give permission for the medication(s) to be given by designated personnel as delegated by the school nurse.

Signature of Parent / Guardian _____ Date _____

Relationship to student _____ Daytime Phone No. _____

Kenyon-Wanamingo School District
GUIDELINES: MEDICATION ADMINISTRATION IN SCHOOLS
Revised: September 2019

PURPOSE: To assure safe and proper dispensing of medication to the student at school in accordance with Minnesota Statute 121A.22.

MEDICATION POLICY/PROCEDURES:

1) Since giving medications to students presents some potential problems, it is preferred that medications be given at times OUTSIDE of school hours, if possible. If not possible, trained school staff will assist students and parents / legal guardians with this responsibility.

2) The ***Medication Physician Order and Parent Authorization Form*** must be completed by the parent / legal guardian AND physician or licensed provider BEFORE any prescription medication will be given in the school. A licensed provider includes: physicians, advanced practice nurses (CNS, NP, CRNA, Nurse midwives), physician's assistant, dentist, podiatrist, osteopathy, psychiatrist.

3) Nonprescription (over-the-counter) medications will be given by trained personnel if the School Medication Authorization Form is completed by the parent and the medication is provided in the original sealed container. Nonprescription (OTC) medications will only be administered according to the age/wgt appropriate dosing schedule on the label unless recommended otherwise by a physician's written order.

4) The parents / legal guardian of the student shall assume responsibility for informing the nurse of any change in the student's medication. When circumstances warrant, the physician may provide verbal medication orders or changes of dosage to the nurse only. Verbal orders must be followed by written authorization.

5) For the parent / legal guardian and the child's protection, the medication will be brought to the school by an adult. At the end of the school year medications will need to be picked up by the parent or guardian. Medications are not kept at school over the summer.

6) All prescription medications must be brought to the school in a prescription bottle as issued by a pharmacist. (A duplicate bottle can be obtained from the pharmacist upon request.) The label on the bottle must match the doctor's order.

7) If the medication dosage means that pills need to be cut in half, the medication must be brought to school already cut (pharmacist or parents should cut the pills in half before bringing to school).

8) Some medications (ex: Ritalin, Adderall) are considered controlled substances and the bottle of medication will need to be counted with the parent.

9) All written medication authorizations are effective for the current school year only.

10) Medications will be kept in a locked cabinet or drawer. Any exceptions to this rule must be cleared with the School Nurse.

11) Requests for self-administered medications for students with special health needs will be dealt with on an individual student basis. Approval will be determined on a case-by-case basis by the School Nurse. These students must have the Medication Request and Authorization Form filled out by parent and physician and on file in the health office.

12) Students without prior approval observed by school personnel self-administering medications will be reported to the principal.

13) Any medication given by school personnel, other than oral or inhalers, must be dealt with on a one-to-one basis with the School Nurse, parents, physicians, and school personnel (ex: eye drops, ear drops, injections, gastrostomy tube medications, rectal medications, emergency medications). The school district retains the discretion to reject requests for administration of medication.

14) Field trips - Planning for students with conditions that require medication on field trips will be done on an individual basis PRIOR to the day of the field trip, with the help of the parent / guardian. It is the teacher and parent's responsibility to inform the Nursing Office in advance of a field trip. The teacher or other responsible adult can carry and administer the medication on the field trip, as necessary, following school procedure.