



Columbia Heights Public Schools Independent School District #13
 1440 49th Avenue NE, Columbia Heights, MN 55421

Authorization for Administration of Medication at School

Student Name: _____ DOB: _____ Grade/Room: _____

School: _____ School Year: _____

Physician/Licensed Provider's Order for Administration of Medication by School Personnel

Medical Condition	Medication	Dose	Time	Route	comments
1					
2					
3					

Signature of Physician/Licensed Prescriber	Print name of Physician/Licensed Prescriber	Date
Clinic Location	Clinic Phone & Fax	

Parent/Guardian Authorization

- I request that the above medication(s) be given during the school hours as ordered by my child's physician/licensed prescriber. I also request the medication(s) be given on field trips, as prescribed.
- I will notify the school of any change in the medication(s), (i.e., dosage change, medication is stopped, etc)
- I give permission for the medication(s) to be given by school personnel as delegated, trained, and supervised by the school nurse.
- Legally, you may refuse to sign for the medication. If you refuse to sign, we will not be able to administer the medication at school.
- This consent may be revoked at any time, by sending a written notice to the licensed school nurse.

Parent/Guardian Signature	Date	Relationship to Student
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NOTE: MEDICATION MUST BE SUPPLIED IN ORIGINAL/PRESCRIPTION BOTTLE

Permission for Release of Information

- I give permission for the school nurse to communicate, as needed, with school staff about my child's medication condition(s) and the action of the medication(s).
- I give permission for the school nurse to consult with my child's physician/licensed prescriber about any questions regarding the listed medication(s) or medical condition(s) being treated by medication(s).
- I give permission for the physician/licensed prescriber to release information related to the above medication(s) and medical condition(s) to the licensed school nurse.

Parent/Guardian Signature	Date	Relationship to Student
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Return to Licensed School Nurse: _____ Date: _____

Procedures for Administration of Medication to Students

The purpose of administering medications in school is to enable the student to remain in school, to maintain or improve health status, and to improve potential for education.

The **goal** of these procedures is to ensure the safe, accurate and timely administration of medication to students by trained personnel in the school setting.

Parents are advised that: if possible, medication should be given at home and on a schedule other than school hours. When it becomes necessary for medication to be taken by students during the school day, these procedures will be followed:

1. **Physician's order**-The school must have a written request from a physician/licensed prescriber for all prescription and non-prescription medications which are to be given either long term or on a as needed basis and/or those medications given by injection or gastrostomy tube. All authorizations expire at the end of the school year.
2. **Parent permission**-The school must have a written request from a parent/guardian for the administration of any medication (prescription or non-prescription) that needs to be taken by a student during the school day. Short term antibiotic therapy will require only parent signed permission if medication is in a prescription labeled bottle.
3. **Supervision**-Medications will be given under the supervision of a licensed School Nurse and may be delegated only to personnel who have been specifically trained for this responsibility by the Nurse.
4. **Self-Administration of Medication**-The objective of some medication programs includes facilitating self-responsibility for medication. Prior to any self-medication program, the student needs to be knowledgeable about his/her specific health condition and the medications used to manage his/her condition.

After health counseling with his/her physician and the school nurse, self-administration of medication may be considered as an option at the Middle School and High School.

If the student can demonstrate proper administration of the medication and if the student, his/her parent/guardian, physician, and school nurse agree it is appropriate for the student to self-administer the medication, the student will be allowed to carry and self administer the medication. We prefer that the student come to the health office for administration so that the effect of the medication can be monitored.

5. **Prescription medication**-must be sent to the school in the correct pharmacy-labeled container.
6. **Non-prescription medication**, when ordered by a physician, must be sent to the school in the original unopened container in which it was purchased and labeled with the student's name.
7. **Storage**-All medication (prescription and non-prescription) will be stored in a locked cabinet (or refrigerator if refrigeration is required) or other secure area in the Health Service office. Exceptions are listed in **Self-Administration of Medication**.
8. **Record of Administration**-Each dose of medication will be documented on the medication record. Documentation will include the name of the student, name of the medication, dosage, date, time, route and the initials of the person administering the medication.
9. **Unauthorized use of Medications**-Students observed by school personnel self-administering unauthorized medications will be reported to their parent/guardian and school administrator.