



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**

Contact Information

Email

- ❑ **Nurse’s Office** -
nurse@eagleridgeacademy.org
- ❑ **Que Rivera (District School Nurse)** -
qrivera@eagleridgeacademy.org
- ❑ **Latisha Williams (Health Aide)** -
qrivera@eagleridgeacademy.org

Phone Number

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

Fax Number

- ❑ 952-746-7765