

UNION SPRINGS CENTRAL SCHOOL

PARENT AND PHYSICIANS AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

Student Name: _____ DOB: _____ Grade: _____

To Be Completed By Health Care Provider

Medication Name	Dose	Route	Time	<input checked="" type="checkbox"/> applicable boxes below
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry
				<input type="checkbox"/> AM _____ <input type="checkbox"/> Bus <input type="checkbox"/> FT <input type="checkbox"/> SSA <input type="checkbox"/> Self-Directed <input type="checkbox"/> Self Admin-Self Carry

DIAGNOSIS: _____

Prescriber please use codes below for each medication ordered:

AM	Nurse may administer missed morning dose indicated after verbal or written notification from parent. Please advise parent to send in additional medication
Bus	Medication must be available on bus
FT	Medication is needed on field trips
SSA	Medication is needed school sponsored extra-curricular activities
Self – Directed*	I assess this student is self-directed regarding their medication. They understand the purpose, name, amount, dose, timing, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately and can ingest, inhale, apply or calculate and administer the correct dose of the the medication independently.
Self-Administer Self-Carry Students With Epi-Pens, Inhalers ONLY	I have determined this student's health problems are severe enough and that he/she is consistent and responsible in taking their own medications (Self-Directed) and in addition, give them permission to self- carry and self-administer this medication. <u>They will be considered independent in medication delivery and need intervention only during emergencies.*</u>

Name and Title of Licensed Prescriber (Please Print) _____

Prescriber's Signature _____ Date _____ Phone _____

To Be Completed By Parent

I give permission for the above medication (to be administered to my child) OR (administered by my child if self-administer only) as ordered by my health care provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter medication container/packaging with my child's name on it.

Parent/Guardian Signature _____ Date _____ Phone _____

Self-Administer/Self-Carry (for Students w/ Epi-Pen, Inhalers ONLY)

Parent permission and provider consent is required for students to self-administer and self-carry medication. Students with this designation have health problems severe enough to be considered independent*(see above) in taking their medication at school/affiliated school events and require no supervision by the Nurse/Advisor. Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke the self-carry/self-administer privilege if the student proves to be irresponsible or incapable. To request this option please sign below:

Parent/Guardian Signature _____ Date _____ Phone _____

I, _____ have cleared the above mentioned student to Self-Carry/Self-Administer his/her

medication(s) _____ Student has appropriately met the *Self-Directed Criteria as defined above,

Parent Notified on: _____

Physician Notified on: _____



New York State Law Requirements for Medications in School.

- No medication can be administered and/or carried without the completed and signed Medication Authorization form. **ABSOLUTELY NO EXCEPTIONS.**
- The physician signed Medication Authorization form is the Physician's actual order to administer the medication. Parent/Guardian Signature is YOUR permission and approval of medication treatment.
- **"Completed"** means the form has the following: 1. Correct name and dosage of medication and specified time to administer medication. 2. Diagnosis (why medication is being prescribed). 3. All proper boxes are checked. 4. Physician's signature. 5. Parent/Guardian Signature. **You will sign twice if your child meets requirements to self-carry/self-administer.**
- A Medication Authorization form must be used for all prescribed and OTC medications. The Medication Authorization form must be renewed by medical provider and parent **annually or if there are any changes to the original orders (PLEASE, inform School nurse IMMEDIATELY of any changes)**. The Medication Authorization forms are valid from date they are written to end of that school year.
- If your child's provider has determined that your student's medical condition is severe enough that your child should self-carry and self-administer their own medication (Inhalers, Epi-pens, certain injectable medications **ONLY**) then please have your healthcare provider complete the appropriate portion of the Medication Authorization form.
- The Self-carry/self-administer student must then be cleared by the school nurse who will have the student demonstrate how he/she takes the medication and his/her knowledge of the medication itself. Once cleared, the student may take possession of the medication. Parents/Guardians assume responsibility for ensuring student is carrying and taking medication as ordered and acquiring refills as needed. School Nurse may revoke the Self-carry/Self-administer privilege if the student proves to be irresponsible or incapable.
- Students diagnosed with **severe allergy reactions or severe asthma** should have Parent/Guardian notify student's coaches and bus drivers that the student is carrying their medication. **Suggestion:** provide an extra Inhaler or Epi-Pen to be kept in the coach's medical box or on the bus and/or in the health office.
- Medication must remain in the properly labeled pharmacy or **smallest** original OTC container. Request your pharmacist to give you a **second identically labeled container** for any prescription medications your student will be taking at school and request that they label your student's inhaler (s) as well as the box. **Do Not send the OTC medications listed below.**
- **Ibuprofen 200 mg and Acetaminophen 325 mg and Benadryl equivalent TABLETS will be provided** from the School's medication stock, **but your student will still need a Medication Authorization form** completed and signed by you and the Physician. If your child needs one of the above medications in any other form, then you will need to send it in.
- Parents or guardians must personally deliver the medication to the school Health Office the first week of school, **preferably the first day** and subsequent refills in a timely manner to avoid interruption of medication treatment. School nurse will contact you when medication is getting low or close to expiration.
- A letter will be mailed at the end of the school year, reminding you that all medication must be picked up by **June 30th. New York State requires that any medications not picked up at the end of the school year is to be disposed.**