

**POPE JOHN PAUL II HIGH SCHOOL  
AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION**

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

School / Grade \_\_\_\_\_ School Year \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, this form must be completed and signed by parent and physician. Separate form required for each medication. New form and signatures required each school year. All medications must be in original, labeled container and delivered by an adult to the school nurse.

**Prescriber's Authorization**

Medication \_\_\_\_\_ Dose \_\_\_\_\_ Route \_\_\_\_\_

Time/frequency of administration \_\_\_\_\_

Dates of administration (start) \_\_\_\_\_ (discontinue) \_\_\_\_\_

Condition requiring this medication \_\_\_\_\_ Allergies \_\_\_\_\_

Relevant side effects \_\_\_\_\_

\*Can medication be withheld on a field trip?                      **YES**                      or                      **NO**

\*Can medication be administered late for 2 hour delay?                      **YES**                      or                      **NO**

**Prescriber's Signature** \_\_\_\_\_ Date \_\_\_\_\_

Prescriber's Name/Title (print) \_\_\_\_\_ Phone \_\_\_\_\_

**Parent / Guardian Authorization**

I give my permission for my child, \_\_\_\_\_, to receive the above medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_ Phone \_\_\_\_\_

**Authorization for Self-Carry/Self-Administration of Epinephrine and Inhalers**

By signing below, I represent that the above-referenced student is qualified and is able to self-carry and self-administer the above-referenced medication(s) as per MD order, and has permission to do so, for the duration of the school year. I also authorize that the student has been instructed in and has demonstrated proper use and handling of his/her medication.

**Prescriber's Signature** \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ Date \_\_\_\_\_

# POPE JOHN PAUL II HIGH SCHOOL

## AUTHORIZATION FOR SCHOOL MEDICATION ADMINISTRATION

### **Administration of Medication per School Board Policy 210**

A parent/guardian or a responsible adult designated by the parent/guardian should deliver all medications to the school. The medication must be in the original over-the-counter or pharmacy labeled bottle.

Prescription medication labels must contain:

- \* Name, address, telephone number and Federal DEA (Drug Enforcement Administration) number of the pharmacy
- \* Patient name
- \* Directions for use (dosage, frequency and time of administration, route, any special instructions)
- \* Name and registration number of the licensed prescriber
- \* Prescription serial number
- \* Date originally filled
- \* Name of medication and amount dispensed
- \* Controlled substance statement, if applicable

Medications in plastic bags or containers other than their original pharmacy container are NOT acceptable.

At the end of each school year, a parent/guardian or a responsible adult designated by the parent/guardian should pick up all unused medications.

**Medication should be scheduled around school hours if possible. Medication orders are required from a physician for prescription and over-the-counter medicine, as well as herbal remedies.**

The order from the physician must include:

- \* Student's name
- \* Name, signature, and phone number of the licensed prescriber
- \* Name of medication
- \* Route and dosage of medication
- \* Frequency and time of medication administration
- \* Date of the order and discontinuation date
- \* Specific directions for administration if necessary

**\*\*\*A new prescription is needed EVERY school year for medicine that is taken on a long term basis. Physicians' orders do not carry over from one school year to the next. They are good for one school year and summer only.**

### **Self-Carry / Self-Administration additional information:**

Students shall be prohibited from sharing, giving, selling, and using an asthma inhaler or epinephrine auto-injector in any manner other than which it is prescribed during school hours, at any time while on school property, at any school-sponsored activity, and during the time spent traveling to and from school and school sponsored activities. Violations of this policy shall result in loss of privilege to self-carry the asthma inhaler or epinephrine auto-injector and disciplinary action in accordance with Board policy.