

## PARENT MEDICATION CONSENT FORM

NOTE: Parents are advised to give medications at home and on a schedule other than during the school hours. Medication that is ordered by a physician to be given once a day must be given at home. If it is necessary that a medication be given during school hours, the following regulations must be followed.

- All medication, including over the counter, must be accompanied by a written order from the attending physician.  
All medication must be brought to school in the original container with the appropriate label intact. The medication will be kept in a locked area (emergency medication in an unlocked, accessible area) of the medical department. **If medication is not properly labeled, and there is no physician's authorization, the medication will not be administered.**
- School personnel will not administer or dispense the first dosage of medication to a student.
- Permission is granted for the school nurse to contact physician/dentist if necessary.
- Parent/Guardian must sign this form granting the nurse permission to administer medication as described herein.

### FIELD TRIPS

- During field trips, students may self-administer medication under adult supervision if permission is granted by the parent **AND** the attending physician according to the guidelines on the reverse.
- No student in Kindergarten through Grade 2 will be permitted to self-administer medication.

### PHYSICIAN PERMISSION

\_\_\_\_ I grant my permission for this student to self-administer medication.

\_\_\_\_ I do NOT grant my permission for this student to self-administer medication.

### PARENT/GUARDIAN PERMISSION

\_\_\_\_ I grant my permission for my child to self-administer medication.

\_\_\_\_ I do NOT grant my permission for my child to self-administer medication.

Child's name: \_\_\_\_\_ Room # \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Is it required that this medication be given during the school day? Yes \_\_\_\_ No \_\_\_\_

Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor' Orders: \_\_\_\_\_

SEE SELF-ADMINISTRATION GUIDELINES ON REVERSE.

## **Self-administration of Medication by Students.**

Students may self-administer medication under adult supervision subject to the following conditions:

1. The medication (including prescription and non-prescription medication) will be held by school staff for self-administration.
2. All medication (including prescription and non-prescription medication) will be kept in a properly labeled container. Non-prescription medication will also be clearly labeled with the student's name.
3. Emergency self-administration is permitted when specifically authorized by the student's physician and need not take place in the presence of a designated adult.
4. All non-emergency self-administration shall take place in the presence of the nurse or when the student is out of the building during a school sponsored activity, adult designated by the principal. The principal shall designate in writing the person(s) responsible for supervising self-administration of medication and keeping the prescription log when not done in the presence of the nurse.
5. The school nurse shall orient the person(s) designated by the principal to supervise the self-administration of medication. This orientation will include:
  - a. The regulations regarding self-administration.
  - b. A review of specific medications which are to be self-administered including side effects.
  - c. A detailed explanation of the task expectation.
  - d. Provide a medication log for documentation.
6. School staff will observe the student's self-administration of medication. If the student is unable to meet the following criteria, a parent or guardian will be contacted prior to permission being given for self-administration except in the event of a medical emergency.
7. The self-administration is otherwise in conformance with the District's medication policy.
8. To self-administer medication, the student must be able, to the satisfaction of the school nurse, to:
  1. Respond to and visually recognize his/her name.
  2. Identify his/her medication.
  3. Measure, pour and administer the prescribed dosage.
  4. Sign his/her medication log to acknowledge having taken the medication.
  5. Demonstrate a cooperative attitude in all aspects of self-administration.

**NO STUDENTS IN GRADES K-2 ARE PERMITTED TO SELF-ADMINISTER MEDICATION**