

Authorization to Carry and Self-Administer Medication

School _____ Age _____ Grade _____

Student's name _____

Medication that will be carried for emergency use and self-administered by above student:

Acute or chronic medical condition _____

Year of diagnosis _____

Signs/symptoms of emergency need of treatment _____

Treatment needed _____

Further treatment needed _____

I certify that the above named student needs to carry medication to self medicate in case of a medical emergency.

Physician/Recognized Medical Authority Signature _____

Office Phone Number _____ Date _____

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Parent Authorization

We, as the Parent(s) of the above student, request, authorize and give written permission for you to allow my child to carry and self-administer his/her medication in case of a medical emergency as prescribed by the physician. We agree to notify you immediately of any change in circumstances concerning administration of this medication.

Parent Signature _____ Date _____

Proper Procedure for Medication Taken at School

Prescription drugs require written consent of the physician AND parent. (BCSC 6.0-31). A copy of the original prescription or a physician's form must be on file. All prescribed medications must be in the original container with pharmacy label attached. Medication must be administered in accordance with the physician's prescription. The dosage cannot exceed the recommendation of the Physician's Desk Reference. Any changes in a dose or time of dosage must be given to the school nurse in writing and signed by the physician. The school may contact the physician if there are any questions regarding the medication ordered for the well being of the student.

Self-administered medication, such as an inhaler, epi-pen or insulin, must have a physician's order stating the student has been instructed on how to administer the medication AND that the student may carry the medication with them if necessary. The school nurse must be made aware of the location of the medication (locker, backpack, purse, etc.). This is a requirement of I.C. 20-8.1-5.1-7.5 and 7-22.

Over the counter medication may be dispensed with parent/guardian written permission. A parent's note must contain: student name, date, name of medication, dosage, time to be given and time last given. This permission will be for a specified period of time and NEVER longer than the current school year. OTC medication must be kept in the original container and dispensed according to package directions.

All medications must be brought to the office/clinic immediately. Medication should not be kept in pockets, lockers, desks or backpacks. It is the responsibility of the parent/guardian or designated adult to make sure that medications are delivered safely to the office/clinic. It is the student's responsibility to come to the clinic to take all medication.

By state law, I.C.20-34-3-18, medication that is possessed by a school for a student may be released to: the student's parent/guardian or an individual who is at least eighteen years of age and designated in writing by the student's parent to receive the medication. A school corporation may send medication home with the student only if the student's parent provides written permission for the student to receive/carry medication.

Unless other arrangements are made, medication left at the end of the school year will be discarded.