

**North Santiam School District
Authorization for Medication Administration by School Personnel**

Student Name: _____ DOB _____

School: _____ Grade: _____ Teacher: _____ School year: _____

Parent/Guardian Name: _____ Daytime phone: _____

All medication must be in original containers.

All medications must be delivered & picked up from school by parent or adult responsible for the student

I give school personnel permission to administer this medication to my child per the following instructions:

Medication: _____

Non-Prescription

Dose (Strength/how much): _____

Prescription

Frequency (how often): _____

Allow my child to self-administer this medication. (refer to district policy)

Time to be given at school: _____

Non-FDA approved medication – Health Care Provider order required- (medications such as Lactaid, Melatonin)

by: Mouth Ear Eye Nose Skin Injectable*

**requires approval of district nurse or a written Health Management Plan*

Medication Expiration Date: _____

Physician's Name: _____

Start date: _____ End date: _____

Phone #: _____

Reason for Medication:

Special Instructions:

I understand I am responsible to provide this medication in the original container with accurate label and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Prescription medication changes require written instructions from prescribing provider. I release North Santiam School District from any legal responsibility involved in the dispensing of this medication.

Parent/Guardian Signature _____ Date _____

(This authorization applies only to the medication listed above and for the duration of treatment or current school year. This also authorizes exchange of information, as necessary between the district nurse, school personnel and/or my child's health care provider)

Physician authorization is met via an accurate label on the prescription bottle, no additional paper work is required

**Non-FDA approved medications
Prescriber's signature required**

I have prescribed the above medication for the student whose name appears at the top of this form. All areas of the above form must be completed to administer non-FDA approved medications at school.

Health Care Provider's Name (please print or stamp)

Physician's office phone number

Health Care Provider's Signature

Date

Effective date if different

Medications at School – see NSSD policy and Administration Rules for more specifics

Written permission is required for all medications

There are times when it is necessary for students to take medications during the school day in order for a student to fully participate in their education. According to School District Policy JHCD, a specific written request from the parent/guardian must be submitted to the school office before students may take prescription or non-prescription medications while at school. The medication permission form requests all the information required in order for school staff to administer medications.

- Medication must be in its original bottle/container.
- Prescription medication must have a pharmacy label with current instructions for administering the medication.
- Non-prescription medications must have the student's name on the bottle or package.
- Inhalers should have the prescription label attached to the inhaler canister, be in the box with the pharmacy label attached. Or a copy of prescription label
- Epi-Pens should have the prescription label attached to the medication container, or the box.
- **Medication must be delivered to school by parent or an adult designated by the parent.**
- Prescription medication must be prescribed by a Health Care Provider who is licensed to practice in Oregon. For students new to Oregon there is a 90-day grace period where out of state MD orders are accepted.
- Non-FDA approved medications – such as Lactaid or Melatonin require Health Care Provider to complete the entire form and sign in designated spot. This is required annually.

For non-prescription medications, if the dosing exceeds the recommended dose on the package, a physician order is required.

Prior to the end of the school year, all medication must be picked up by parents or a designated adult. Medication that is not picked up will be destroyed.

One student per form. One medication per form.

Self-Medication: Requires a separate permission and authorization form.

For students who have self-medication of inhalers and/or Epi-pens, parents are strongly encouraged to have a back up inhaler or Epi-pen in the school office.

ALL: Student must be able to demonstrate the ability, developmentally and/or behaviorally, to self-administer prescription and non-prescription medication. Self-Medication form is required for all medications both prescription and non-prescription medications.

Self-medication of controlled substances and narcotic analgesics are **not allowed**. These medications must be checked into the office.

Self-Administration of Non-FDA approved medications must include a written order from the prescribing provider.

K-8: Self-medication of prescription medication is only allowed when a student must carry such medication on his/her person for immediate access. This requires prescribing provider authorization.

9-12 Self-medication of prescription medication requires authorization of prescribing provider or Registered Nurse practicing in the school setting

For more information please contact the District Nurse: 503-769-4930