

RSU #1
Authorization to Administer Medication at School

Date: _____ Student's Name: _____ Date of Birth: _____

School: _____ Grade/Teacher: _____

Name of Medication: _____ Dosage: _____

Time(s) To Be Administered: _____ Reason for Medication: _____

Possible side effects and safety procedures: _____

Estimated Termination Date: _____

Prescribing physician's printed name

Telephone Fax

Prescribing physician's signature

Date

*You may be asked to also complete an Asthma Action Plan or Allergy Action Plan for this student's asthma or allergies.

RSU #1 School Board Policy JLCD:

Medication shall be administered at school only when the student's health requires that medication be given during school hours. Medications that are administered at school must be in the original container and in the case of prescription medications, appropriately labeled by the health care provider or pharmacy. Written authorization from the student's parent/legal guardian and physician is required. If there is any change in the medical order, a new Authorization to Administer Medication form must be completed and a new prescription container provided to the school. In some cases emergency medication may be kept with the student. The school nurse shall evaluate the student's technique to ensure proper and effective use and appropriate paperwork must be completed.

Supplying Medication:

All medicine, including over the counter medicine, must be supplied in the original container. We cannot accept medications in plastic bags or envelopes. Ask your pharmacist for any prescription medication to be divided into two bottles completely labeled: one for home and one for school. The parent/legal guardian is responsible for refills and bringing medication to school unless other arrangements have been made with the school nurse. Please contact the school nurse to check on amount to be supplied to the school.

Medication Removal:

Medication no longer required or remaining at the end of the school year must be removed by the parent/legal guardian. Medication not removed by the parent/legal guardian by the end of the school year shall be disposed of by the school nurse.

Permission to contact prescribing Physician

I give my permission for the school nurse to contact the above prescribing physician to obtain information about the medication and the administering schedule. I give my permission for the school nurse to share information with the doctor about the effects of the medication on my child's learning.

I understand that any staff member who is the Superintendent's designee may administer the above medication. This may include a school nurse or a medically unlicensed person designated by the Superintendent as allowed by law.

Parent or Legal Guardian's Printed Name

Telephone

Parent or Legal Guardian's Signature

Date