

Mount de Sales Academy

MEDICATION ADMINISTRATION AUTHORIZATION FORM*

* a separate form is required for each medication

This order is valid only for school year (current) _____

This form must be completed fully in order for the Mount de Sales school nurse (or medication technicians) to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

* Prescription medication must be in a container labeled by the pharmacist or prescriber.

* Non-prescription medication must be in the original container with the label intact.

* An adult must bring the medication to the school.

* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Name of Student: _____ Date of Birth: _____ Grade: _____ Allergies: _____

Condition(s) for which medication is being administered: _____

Medication Name: _____ Strength: _____ Dose: _____

Route: _____ Frequency: _____ Time: _____ RX Date: _____

Relevant side effects: None expected Specify: _____

Special Instructions: _____

Medication shall be administered from: _____ to _____
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: _____

(Type or print)

Telephone: _____ FAX: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)

(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): _____ for the above medication on (Date): _____

PARENT/GUARDIAN AUTHORIZATION

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.

I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____ Date: _____

Home Phone #: _____ Cell Phone #: _____ Work Phone #: _____

SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: _____
Signature Date

Parent / Guardian consent for self carry/self administration of emergency medication: _____
Signature Date

School RN approval for self carry/self administration of emergency medication: _____
Signature Date

Order reviewed by the school RN: _____
Signature Date

MEDICATION PROCEDURE INFORMATION

Mount de Sales Academy requirements for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

1. Parents must provide a written authorization for any medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine. **A separate order form is required for each medication to be administered.**
2. **The first dose of any new prescription must be given at home.**
3. The parent/guardian is responsible for obtaining a written medication order. The attached medication order form is preferred. The authorized health care provider must sign the order form. Necessary information includes:
 - name of student
 - route of administration
 - allergies
 - date of medication order
 - date order expires
 - special instructions
 - name of medication
 - time and frequency of medication
 - authorized health care provider signature
 - dosage and strength of med.
 - diagnosis (reason for administration of medication, specify all)
 - possible side effects

Note: PRN medications should have the frequency of repeat doses clearly indicated.

4. Occasionally students may need to self-administer/carry medication such as an inhaler or emergency medication. A written medication order, signed by an authorized health care provider and consented to by parent / guardian, that specifically states that the student may self administer/carry medication, must be on file in the health room for any student who self-administers/carries medication throughout the school day. The student must report to the school nurse any self administration.
 5. A new medication order is required for each new school year.
 6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
 7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; *a second labeled container can be obtained by asking the pharmacist*. Physician samples must be appropriately labeled by the physician or parent/guardian.

The following information must be on the Pharmacy label:

 - Name of student
 - name of medication
 - dosage and strength of medication
 - Date of medication order
 - route, time and frequency of medication
 - authorized health care provider name
 - special instructions
 8. Parents must label over-the-counter medications with the student's name.
 9. The school nurse must approve the medication order before the first dose of medication can be administered at school.
 10. The parent is responsible for submitting a new medication order form to the school each time there is a change of dose, time of administration, or route of administration. The parent must provide the medication for as long as it is prescribed.
 11. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
 12. Within one week after the expiration of the medication order, the parent/guardian/adult designee must personally collect any unused portion of the medication. Medication not claimed within the period will be destroyed.
 13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturer expiration date.
 14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health room may need to be made aware by health room staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need to know basis only.
 15. Under no circumstances may any school staff administer any medication outside the procedures outlined in the Maryland State Department of Education Medication Administration Procedure.
 16. Mount de Sales High School Inc. does not assume responsibility for medication administered outside the Maryland State Department of Education Medication Administration Procedure.
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