



Small School Feel—World Class Education

School Year: \_\_\_\_\_

## MEDICATION AUTHORIZATION FORM

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

MEDICATION NAME: \_\_\_\_\_ DIAGNOSIS: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIME: \_\_\_\_\_ ROUTE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ Or END OF SCHOOL YEAR: \_\_\_\_\_

**\*\*This section to be completed by a PHYSICIAN/PRACTITIONER for PRESCRIPTION medications\*\***

- ☐ Student may self-carry this emergency medication.
- ☐ Student may self-carry this emergency medication, **but** requires assistance with administration.
- ☐ Student may self-administer this emergency medication and has been instructed on how to do so.

**PHYSICIAN/PRACTITIONER SIGNATURE:** \_\_\_\_\_

Physician/Practitioner Name (Printed) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*This form can be completed by a parent or guardian for ALL medications\*\***

- I understand that on delayed start days, medications WILL NOT be given UNLESS INSTRUCTED BY PARENT. I give instructions as follows for delayed start days: \_\_\_\_\_.
- I understand prescription medications must be delivered to the school nurse by an adult.
- I have received, read, and understand the medication administration policy for Baugo Community Schools.
- I give permission for exchange of verbal and written communication between the physician and the school nurse regarding my child's medication regimen and condition.

I agree with the Physician/Practitioner that my child:

- ☐ **Self-carry** and/or ☐ **Self administer** this emergency medication, OR
- ☐ **Be assisted** in taking the above medication by authorized school personnel

I hereby agree to release and hold the school staff free and harmless for any claims, demands, or suits for damages from any injury or complication that may result from the self-administration of this medication at school.

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

## Policy for Administration of Medication at School

There are times when it is necessary for students to take medication at school. Baugo Community Schools has established a policy regarding the administration of medication to students by school personnel. This policy, which is based on state laws, is for the protection of all students.

We ask parents to make every effort to arrange your child's medication schedule to avoid school hours. When your child must be given medication at school, Please observe the following regulations:

- A medication authorization form must accompany any medication brought to school or be on file in our office: available in the school office. Prescription drugs must have both the parents and the physician's authorization.
- Non-prescription drugs (Ibuprofen, Tylenol, etc.) need *only* a parent's written permission to give *no more* than what is instructed on the label directions.
- Written consent is valid only for the period specified on the consent form, and in no case longer than the school year.
- The original and most recent prescription container with the pharmacy label on it must be **brought to school by an adult** for your child. The label must be clearly marked with the child's name, name of the drug, dosage, and times to be given. If it is a non-prescription drug, the medication must be in the original container and must be age appropriate.
- The medication will be kept in the office for safekeeping. The student will come to the office to take the medicine at the proper time, unless otherwise stated.
- Most medications need not be taken at school. Only those that must be taken with or before meals, those taken 4 times daily, and emergency medication (for bee sting, asthma, etc.) should be sent to school.
- Bring no more than one month's supply at a time.
- Any medication brought to school without proper marking (in original and legible container) or proper authorization will not be administered and the parent will be contacted.
- If a student must carry &/or medicate herself/himself at school, such as the use of an inhaler, written parental and physician permission must be given on the medication authorization form.
- If there are changes to any medication given at school, notification from the parent and/or physician needs to be given in writing.
- Medications stored at school will not be sent home with any student below grade 9. Students in high school may take medication home with parent written permission.

If you have any questions about the above policy, please call a school nurse at:

Jimtown Elementary 574-522-0379, Jimtown Intermediate School 574-294-2158,  
Jimtown Jr. High 574-294-6586, or Jimtown High School 574-295-2343