

MEDICATION AT SCHOOL

Whenever possible, the parent and Health Care Provider will design a schedule for giving medication outside of school hours. Medication is ordered to be given to a student at school only when necessary. Medication, unless otherwise directed, will be kept in a designated secure area and administered by the school nurse, trained school personnel or management.

Health Care Provider's Orders *(to be completed by Health Care Provider)*

| | | |
|--|------|-------------------------|
| Student Name: _____ | | Date of birth: _____ |
| Diagnosis for which medication is given : _____ | | |
| Name of Medication (s) | Dose | Time of day to be given |
| | | |
| | | |
| Side effects of drug (if any) to be expected: | | |
| Length of time this authorization is valid (no longer than current school year): | | |

This student has been instructed by me and/or my office staff, and has demonstrated the ability to properly manage self-administration of the medication as ordered.

~ ~ ~ **Schedule meds are NOT allowed to be self-administered at school** ~ ~ ~

I request and authorize this student to carry their medication /self-administer YES NO

In the event of a school delay (either 2 hours or 3 hours):
Before school and morning medications will be the responsibility of the parents or guardians.
Lunch and afternoon medication will be given as ordered.

In the event of an early release: Only medication ordered during the scheduled school day will be given.

| | |
|---|----------------|
| Health Care Provider Name: _____ | |
| Phone: _____ | Address: _____ |
| Health Care Provider Signature: _____ | Date: _____ |
| School Nurse and/or Management verification of student developmental ability to self-administer medication in the school setting. Yes No Date: _____ | |

Parent Permission *(To be completed by parent or guardian)*

I am the parent or the legal guardian of the child named.
 By law my signature indicates that I understand the school shall incur no liability as a result of any injury arising from the administration of medication by the Kits4Kids ISM staff or as self-administered by the student.
 Parents or guardians shall hold harmless the school and its employees against any claim arising out of the self-administration of medication.

Signature of parent or guardian: _____ **Date:** _____
 Parent phone (work): _____ (home): _____

Prescription medications must be in the original labeled container from the pharmacy. Over-the-counter medication must be in the original container. Any changes to this medication will require a new medication form completed by both parent and health care provider. In case of necessity, the school may discontinue administration of the medication with proper advance notice.