

Summit Public Schools
School Medication Administration Authorization Form

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

This order is valid only for school year (current) _____ including the summer session.

School: _____

This form must be completed fully in order for schools 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 medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Over the counter medication, when prescribed, must be in the original sealed container with the label intact.
- An adult must bring the medication to the school.
- The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

Prescriber's Authorization

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____ Route: _____

Time/frequency of administration: _____ If PRN, frequency: _____

If PRN, for what symptoms: _____

Relevant side effects: None expected Specify: _____

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

Medication necessary on ½ days Yes No Necessary for Class or Field Trips Yes No

Prescriber's Name/Title: _____

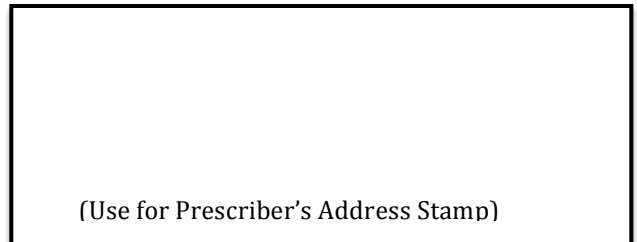
(Type or Print)

Telephone: _____ Fax: _____

Address: _____

Prescriber's Signature: _____ Date: _____

(Original signature or signature stamp ONLY)



PARENT/GUARDIAN AUTHORIZATION

I/We request the school nurse to administer the medication as prescribed. 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 have discussed with my child's practitioner field trips and early dismissal days. 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 such as Asthma inhaler as indicated in Asthma Action Plan, 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

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

Signature

Date

Order received and reviewed by the School Nurse: _____ Date: _____

**Summit Public Schools
Health Office**

Dear Parent/Guardian:

This is to inform you of Summit Board of Education Policy #5330 requiring the completion of the appropriate medication administration form in order for the medication to be administered by the school nurse. Medication administration is permitted only when the pupil would not be able to attend school if the medication were not administered during school hours, and it must be prescribed by the child's health care provider. This includes any over-the-counter medication or nutritional supplement.

Please complete and return the attached form(s) keeping in mind the following:

- Medication administration forms must be completed and **signed by your child's health care provider and stamped with their office stamp.**
- **Parental signature is required** authorizing administration of the prescribed medication.
- Medication **MUST** be delivered to the school nurse by a parent or guardian.
- Medication **MUST** be in the original container as dispensed by the pharmacy with your child's name on the affixed label.
- Any over-the-counter medication or nutritional supplement **MUST** be unopened, in the original box as dispensed or purchased. No open bottles will be accepted.
- Please provide medication that does not expire before the end of the school year.
- The medication **MUST** remain in school and be accessible to your child as prescribed by your child's physician unless the physician has authorized the student to self-administer asthma medication or an epinephrine auto-injector.
- Medication orders for an upcoming school year are **best obtained anytime after July 1st**. Medication orders are only valid for 1 year and must be renewed annually. For administration of medication for the upcoming school year return forms along with the medication in September.
- Incomplete orders will not be accepted and will be returned to parent or guardian for completion by their private health care provider.

Should you have any questions or concerns feel free to call.

Sincerely,

Summit School Nurses

Summit Board of Education Policy #5530 can be accessed at:
http://www.summit.k12.nj.us/District_Policies/

Nov2014

**Summit Public Schools
Health Office**

Estimado Padre / Tutor:

Esto es para informarle de la Poliza #5330 que requiere que la forma de administración de los medicamentos sea completa antes de que un medicamento sea administrado por la enfermera de la escuela. Administración de medicamentos sólo se permite cuando el alumno no podrá asistir a la escuela si el medicamento no se administra durante el horario escolar, y debe ser prescrita por el médico del estudiante. Esto incluye cualquier medicamento ya sea por receta medica o de venta libre en la farmacia o suplementos nutricionales.

Por favor complete y envíe el formulario adjunto teniendo en cuenta lo siguiente:

- El formulario de administración de medicamento **debe ser completo y firmado por el médico de su hijo(a) y sellados con el sello de la oficina.**
- **Se requiere la firma de los padres autorizando la administración de la medicamento** recetada por el medico.
- Los medicamentos **DEBEN** ser entregados a la enfermera de la escuela por un padre o tutor.
- El medicamento **DEBE** estar en su envase original, dispensados por la farmacia con el nombre de su hijo en la etiqueta pegada.
- Cualquier medicamento de venta libre o suplementos nutricionales **DEBEN** estar sin abrir, en el caja o botella original, como fue comprado. No se aceptarán botellas abiertas.
- Proporcione medicamento que no expire antes de que termine el año escolar.
- El medicamento **DEBE** permanecer en la escuela y ser accesible para su hijo según fue prescrito por el médico de su hijo a menos que el médico ha autorizado al estudiante a auto-administrarse medicamentos para el asma o un auto inyector de epinefrina.
- Las órdenes para administrar medicamento en el proximo año escolar se obtienen mejor en cualquier momento **después del 1 de Julio**. Las ordenes de medicamentos sólo son válidas durante 1 año y deben renovarse anualmente. Para la administración de medicamento para el próximo año escolar debe entregar las formas con el medicamento en Septiembre.
- Las órdenes incompletas no serán aceptadas y serán devueltas a los padres o tutores para ser completas por su proveedor de atención médica.

Si tiene alguna pregunta no dude en llamar.

Atentamente,

Summit School Nurses

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