

**St. Croix Preparatory Academy Health Services
Consent for Administration of Medication**

School Year _____

Must be completed by parent/guardian AND healthcare provider every school year

Student's name _____ DOB _____ Teacher _____ Grade _____

Parents of pupils requesting that **any** medication/treatment be administered during school hours by school staff are requested to provide for the school:

- 1) the **licensed prescriber's order**,
- 2) a **parental release**, and
- 3) medication supplied in the **original container**.

Please ask the pharmacist to provide 2 labeled containers - one for home and one for school.

**LICENSED PRESCRIBER'S ORDER FOR ADMINISTRATION OF MEDICATION/TREATMENT
BY SCHOOL PERSONNEL**

Medication/Treatment _____

Dose _____ Route _____ Time* _____ PRN Repeat Frequency _____

*(Morning medication dose _____ mg. to be given at school, **only** if student forgets to take it at home.)*

**When dosing for meds to be given at lunch time, please consider indicating before or after lunch and not a specific time as students have varying lunch times that may change throughout the school year*

For treatment of _____ Possible side effects _____

Special Instructions _____ Discontinuation date _____

All authorizations expire at the end of the school year or following the summer school session

Other medications taken at this time _____

Medication **ALLERGIES** _____

Print licensed prescriber's name _____

Licensed Prescriber's signature _____ Date _____

Clinic _____ Phone _____ Fax _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and I give the Health Services Staff at St. Croix Preparatory Academy authority to communicate with the ordering healthcare provider about this medication. I release school personnel from any liability in the administration of this medication at school. **I understand that medication will not necessarily be administered by a school nurse.**

Please check appropriate spaces below:

____ Keep this medication in school ____ Send this medication home each evening

Physician and I agree that this student needs medication on field trips. Yes ____ No ____

Parent/Guardian signature _____ Date _____

Home Phone _____ Work Phone _____ Cell phone _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.

St. Croix Preparatory Academy Health Office Phone : 651-395-5906 Fax: 651-395-5901

School Medication Policy

It is not the responsibility of the school or its employees to prescribe drugs, medications or home remedies. Medications should be administered at home under the supervision of the parent/guardian when possible. However, some students require administration of medications to be performed during the regular school day. In those situations, the following procedure will be followed:

- Parent/Guardian needs to bring the medication to school.
- A current school year written healthcare provider order and written parent/guardian permission (“Consent for Administration of Medication” form) must be on file with the Health Office. This includes permission for both over-the-counter or non-prescription medications AND prescription medications. There is a separate authorization for those who qualify for self-carry of medications.
- Prescription medications must be provided in an original pharmacy container with a current label. Questions regarding dosage and administration will be directed to the prescribing healthcare provider and/or the parent/guardian. Medications will be administered after questions have been resolved.
- Over-the-counter medications must be provided in the original LABELED container. Over-the-counter preparations will only be administered to a student according to the label directions, unless contrary written directions from a health care provider are provided.
- Medications, prescription or over-the-counter, will not be given past the expiration date.
- New medication orders are required annually AND when changes are made from the original orders (medication, dosage or frequency). Parent/guardian is responsible for notifying the health office immediately of any change in medication.
- Students may not share prescription or over-the-counter medications with other students.
- Prescription asthma medications can be self-administered by a student with an asthma inhaler if 1) the health office has received a written authorization from the parent/guardian (“Consent for Administration of Self-Carry/Self-Administer Medication/Treatment” form), 2) inhaler is properly labeled for that student, 3) the Licensed School Nurse has assessed and documented the student’s knowledge and skills to safely possess and use an asthma inhaler in a school setting, and 4) the student and parent have signed off on the Student Agreement form.
- Secondary students, grades 7-12, may possess and use nonprescription pain relief in a manner consistent with the labeling, if the health office has received written authorization from the parent/guardian. This privilege may be revoked if the school determines that the student is abusing the privilege. This provision does not apply to the possession or use of any drug or product containing ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.
- A student who is prescribed nonsyringe injectors of epinephrine may possess such medication once an individualized written health plan is developed and signed by the parent/guardian, prescribing health care professional, and the licensed school nurse. This plan will include instructions on self-carry/self-administration and plans if student is unable to self-carry and/or self-administer.
- Legally, a parent/guardian may refuse to sign any medication form. If you refuse, it may affect our ability to provide the services.
- The information provided will be shared only with staff in the school whose jobs require access to this information to ensure the child’s safety and school success.
- A photocopy/fax of any medication consent form which has not been altered will be treated in the same manner as the original.
- Health records received by the school district may no longer be protected by HIPPA, but they will become education records protected by the Family Educational Rights and Privacy Act (FERPA).
- When use of medication has ceased, or is no longer needed by the student, it is the parent/guardian’s responsibility to retrieve unused medications from the school. Any unused medications will be disposed of by the school upon the written request of the parent/guardian or at the end of the school year. No medications are kept in the health office over the summer.