

GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION

REQUEST AND AUTHORIZATION TO ADMINISTER PRESCRIPTION MEDICATION
2012-2013 SCHOOL YEAR

All spaces must be complete before medication will be administered at school. This is a two-sided form.

Dear Parent/Legal Guardian and Health Care Provider:

- This form must be completed in its entirety by you and your child's prescribing health care provider for prescription medications. Each medication requires its own form to be completed.
- This form is valid for the current school year only.
- A new form is required for any changes in medication, dose, or administration time.
- The health assistant must be notified in writing when a medication is to be discontinued.
- All medication must be brought to school by a parent/guardian, or an adult, age 18 and over, who is on the student's emergency contact list in PowerSchool.
- Medication brought to school by a student will not be given and a parent/guardian must come to the school to retrieve the medication.
- Up to a 60 day supply of medication will be stored in the clinic. The adult that brings the medication to school will count in medication with clinic personnel. Medication should be brought to the clinic during regular school hours.
- Medication containers must be labeled by the pharmacy with the student's name, physician's name, name of medication, dosage, route (i.e., by mouth), conditions for storage, prescription date and expiration date.
- Empty prescription bottles will be discarded by clinic personnel. The prescription label will be removed and shredded by clinic personnel.
- Medication will not be returned home with students. A parent/guardian or an adult, age 18 and over, who is on the student's emergency contact list in PowerSchool, must pick up the medication from the clinic.
- Medication not picked up by the end of the day on the last day of school will be destroyed. Expired medications will also be destroyed. In the event a medication is discontinued, the medication must be picked up by the parent/guardian within five school days or the medication will be destroyed.
- Personnel administering medication are trained on safe medication administration practices on an annual basis. Medication will most likely be given by these trained but unlicensed personnel. A list of trained personnel is on file with the corporation nurse.
- Medications can be administered up to 60 minutes prior to or 60 minutes after the scheduled administration time prescribed by the physician. Health assistants will make a good faith effort to administer medication as scheduled. Should your student arrive at the clinic outside of this time period, the dose will not be given. Some families find that a wrist watch with an alarm helps remind students to go to the clinic for their medication.
- Your student may be subject to video surveillance while in the clinic receiving medication.
- The parent/guardian should provide any consumables necessary for medication administration (disposable cups, syringes, spoons, applesauce, pudding, snacks, etc.).
- Medication stored in the clinic is only available to the student during the regular school day.
- In the event of a two hour delay, medications will be given at the prescribed time. Doses will not be rescheduled.

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To Be Completed by Prescribing Health Care Provider

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

Medication Name: _____ Dose: _____ Route: _____

Condition for which medication is being prescribed: _____

Time of day dose is to be administered at school: _____ If "as needed", frequency: _____

If "as needed", please list specific symptoms requiring medication:

Start Date of Medication: _____ Stop Date (dose will be given on the date specified, but not after): _____

Side effects: None expected Specify: _____

Prescriber's Printed Name and Title: _____ Telephone: _____

Address: _____ Fax: _____

Prescriber's Signature: _____ Date: _____

To Be Completed by Parent/Guardian

I request that school personnel administer medication as prescribed by the health care provider. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

I authorize the school corporation nurse to communicate with the prescribing health care provider regarding this student's medical condition.

I give permission for my student's medical information to be shared with teachers and other school personnel.

I agree to abide by the guidelines regarding prescription medication administration at school.

Parent/Guardian's Printed Name: _____

Cell Phone Number: _____ Work Number: _____

Home Number: _____ Email Address: _____

Parent/Guardian's Signature: _____ Date: _____