

GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION 2023-2024 SCHOOL YEAR
REQUEST AND AUTHORIZATION TO ADMINISTER MEDICATION - PAGE 1 of 2

Dear Parent/Legal Guardian and Health Care Provider:

- You and your child's prescribing health care provider must complete this form in its entirety. Each medication requires its own form to be completed, and is only valid for this school year.
- 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.
- For prescription medications, up to a 60 day supply of medication will be stored in the clinic. The adult that brings the medication to school will count the medication with clinic personnel. Medication must be brought to the clinic during regular school hours.
- Prescription medication containers must be labeled by the pharmacy with the student's name, health care provider's name, name of medication, dosage, route (i.e., by mouth), conditions for storage, prescription date and expiration date. **The information on the prescription label must match the health care provider-supplied documentation provided on this form.**
- Clinic personnel will discard empty prescription bottles. The prescription label will be removed and shredded by clinic personnel. You may not bring in pills from another bottle to be mixed with other medication previously supplied to the clinic.
- Over the counter medications must be in a **new, unopened package** when brought to the clinic.
- 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. These trained but unlicensed personnel will most likely give medication. 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 health care provider. 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.
- 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.**

****THIS IS A 2-PAGED DOCUMENT - PLEASE READ BOTH SIDES AND COMPLETE ALL FIELDS.
INCOMPLETE FORMS WILL NOT BE ACCEPTED.****

GREENFIELD-CENTRAL COMMUNITY SCHOOL CORPORATION 2023-2024 SCHOOL YEAR
REQUEST AND AUTHORIZATION TO ADMINISTER MEDICATION - Page 2 of 2
All spaces must be completed before medication will be administered at school.

To Be Completed by Prescribing Health Care Provider

Name of Student: _____ Date of Birth: _____

Medication Name and Strength: _____ Dose: _____ Route: _____

Condition for which medication is being prescribed: _____

Regarding daily/scheduled medications: Parent/guardian must give the morning dose at home. School personnel will not administer the first dose of the day. End of the day doses must be scheduled at least 30 minutes prior to the end of the scheduled school day. Lunch across the district begins as early as 10:30, and ends as late as 1:48pm (schedule can change unexpectedly due to unexpected delays in the school schedule). If the prescriber writes for school dose to be given at lunch, the dose will be scheduled for administration according to the student’s set lunch schedule, which may vary during the year. Some students may have lunch at a different time each day. If this is not desirable, the prescriber must indicate the time at which the medication should be administered.

Time of day dose is to be administered at school: Daily with student’s lunch. **OR** Daily at _____ (time).

If medication is to be given **“as needed”**, list frequency (i.e., “every 4 hours”): _____ If “as needed”, list **specific symptoms** requiring medication (medication will not be given outside these parameters):

Earliest Start Date of Medication: 8/2/2023 (first day of school) **OR** _____

Stop Date 6/28/2024 (end of school year) **OR** _____ (Dose will be given on the date specified, but not after.)

Side Effects: _____

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

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 principal, health assistants and school nurses to communicate with the prescribing health care provider regarding this student’s medical condition and this medication. I give permission for my student’s medical information to be shared with teachers and other school personnel. I have read and understand the terms set forth on Page 1 of 2 of this form. I agree to abide by the guidelines regarding prescription medication administration at school. I will provide any supplies necessary for my student to take this medication as prescribed, including cups, syringes, spoons, applesauce, crackers, etc.

Parent/Guardian’s Printed Name: _____ Telephone Number: _____

Parent/Guardian’s Signature: _____ Date: _____