

Fountain Hills Unified School District # 98

Request for Administering Medication to Student at School

- McDowell Mt. Elementary Four Peaks Elementary
 Fountain Hills Middle School Fountain Hills High School

The school must be notified immediately of any changes in medication.

I request and give my consent for the school nurse, health aide or school personnel designated by administrator, to see that my child, _____, receives his/her medication as directed below from ___/___/___ to ___/___/___. My child must take this medication during school hours. The medication is to be furnished by parent/guardian in its original container, clearly labeled with child's name and doctor's instructions of administration, including the specific time medication is to be given and medication is age appropriate.

Per HB 2229/SB 1309, allows students while at school and school appropriate activities to possess and self-administer prescription medication for breathing disorders/anaphylaxis by the pupil who has been prescribed the medication by a licensed health care professional. Self-administered emergency medication including auto-injectable epinephrine and inhaler must clearly be labeled with student's name, doctor's name and specific doctor instructions of administration including frequency of medication is to be given and medication is age appropriate. The health office must have a signed form from the parent/ guardian to entitle the possession and self-administration of medication.

A student with anaphylaxis must notify the teacher, school nurse, and health aide or designated school personnel of administering medication as soon as possible. Due to anaphylaxis 911 must be called immediately. Extra medication can be held in the school health office for emergency use.

Medication/Field Trips: Per Arizona State law (A.R.S. 32-1901), the health office cannot transfer medication to an envelope or any other container, therefore the health office must have a separate prescription label bottle for each prescription medication that is taken on the field trip. The health office does not have a separate prescription label bottle the medication cannot be taken on the field trip.

Health Office will complete upon receiving medication:

Amount Received	Date Received	Initials	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ALL MEDICATION IS TO BE BROUGHT TO THE HEALTH OFFICE BY PARENT/ GUARDIAN. STUDENTS ARE NOT ALLOWED TO CARRY MEDICATION TO AND FROM SCHOOL. *Cough drops, Tylenol and all other medication must be brought in to the health office. It is the parent/guardian's responsibility to know when their child's medication expires.* Parent/Guardian must replace medication before expiration date. The school personnel will not be responsible for any reaction to the medication taken according to below directions. School personnel must follow the dosage and time(s) on the prescription and over-the-counter labels. If there are any changes the health office must have a written physician's order. The prescription medication must be for the current year, **per Arizona School Board Association Regulation J-5350/J.L.C.D.**

Medication's Name: _____

- Prescription Over-the-counter Daily PRN (as needed)

Prescription #: _____ Expiration Date: ___/___/___

Amount/dosage to be given: _____ mg. Time to be given: _____

Route: _____ Reason for Medication: _____

Physician's Name: _____ Phone#: (____) ____-_____

Other medication(s) being taken: _____

Student's Allergies: _____

Parent/ Guardian Name: _____ Date: _____

PRINT

Signature's Parent/Guardian: _____ Date: _____

Home: ☎ (____) ____-_____ Cell: 📱 (____) ____-_____

Work: ☎ (____) ____-_____

This portion is to be completed by the Health Office when medication is picked up or discarded.

End of Year Letter: Date Sent: ___/___/___

Date medication(s) is picked up: ___/___/___

Parent/Guardian Signature: _____

R.N. or H.A. Signature: _____

R.N. or H.A. Signature: _____

Discarded due to expired Expiration date: ___/___/___

Discarded due to being left after pick up date: ___/___/___