

TO BE COMPLETED BY PARENT/GUARDIAN

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

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

Name of medication: _____ Allergies: _____

Diagnosis: _____

Instructions: Time to be given at school: _____ Frequency: _____

Strength: _____ Dose: (mg, ml, ml/tsp, # puffs): _____ Route: _____

If PRN, for what symptoms: _____

If PRN, frequency: _____

Relevant Side effects: (please describe): _____

Please check one of the following:

Discontinue: End of school year Other (specify): _____

Authorized Prescriber's Signature: _____ Date: _____

Authorized Prescriber's Name/Title: _____ Date: _____

◆◆ **For Self - Administration ONLY** ◆◆

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

TO BE COMPLETED FOR INHALER OR EPI-PEN ONLY

Fremont County School District permits a student to possess and self administer asthma or anaphylaxis medication at school and at school related functions. Completion of the following information **by the authorized prescriber** acknowledges that this student has been instructed and has the skills and knowledge on self administration of this medication.

This student may carry this medication: Yes No

Authorized Prescriber's Signature: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

I give permission for (name of child) _____ to receive the above stated medication at school according to FCSD #2 school policy. I release FCSD #2 and their employees from any claim or liability for administering prescribed medication to this student. I HAVE READ THE MEDICATION GUIDELINES AND ASSUME THE RESPONSIBILITIES AS STATED ON THIS FORM. I authorize the school nurse to communicate with the health care provider as allowed by HIPPA.

Date: _____ Signature: _____ Relationship: _____

Phone: _____

Order Reviewed by the school Nurse: _____ Date: _____

RESPONSIBILITY OF THE PARENT/GUARDIAN

- **Whenever possible, medication should be given at home.
- **Medication WILL NOT be given until this form is completed by the parent/guardian and the authorized prescriber and is on file in the school nurse office.
- When bringing medications to school:
 - a. Prescription medication (s) must be in a container labeled by the pharmacist with the student's name, prescriber's name, name of medication, dosage, route, directions for administration, conditions for storage, prescription date and expiration date. (Original pharmacy container)
 - b. Over-the-counter medication(s) must be provided to the school in the original sealed container. It is also important to make sure there is a current expiration date on it. Staff may not dispense outdated medication.
 - c. Antibiotics which are given three times a day are not usually given at school. Morning, after school and before bed are acceptable.
- *Students are not permitted to carry any medications, **including over the counter**, on a school campus.* However, an authorized prescriber, parent/guardian and school nurse may authorize a student to self-carry his/her prescribed medication, if necessary, with appropriate documentation.
- Parents/guardians may pick up unused medications from the school office during and at the close of the school year. NO medication will be sent home with your child. Medication remaining after the last day will be discarded.
 - If medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken and the time at which it may be given again.
 - Unless otherwise specified, medication order is valid for the entire school year.
 - A new form is needed for **ANY** changes in medication, dose or time.
 - ALL MEDICATION ORDERS WILL BE RENEWED ANNUALLY.

RESPONSIBILITY OF SCHOOL NURSE/DELEGATED SCHOOL PERSONNEL

- The school nurse/delegated school staff will assume responsibility for placing medications in a locked cabinet.
- If the school nurse is not available to give medication, another delegated trained staff member will be assigned to do so.
- School nurse/delegated school staff will assist and observe the student in taking medication according to the authorized prescriber's instructions. The date and time each medication is given will be recorded on the Medication Record by the staff assisting the student in taking medication.
- The school district and its employees are not responsible for undue reaction of this medication.
- School nurse/delegated school staff may not administer any medication at times other than those specified on the authorized form. FCSO staff will not administer any product not approved by the FDA. (essential oils/drops) You may come in to do so.
- Dosage fluctuations as ordered by physician will be determined by school nurse only.

****MEDICATION ORDER FORM IS ON BACK PAGE*****