

Columbia Heights Public Schools Independent School District No. 13

1440 49th Avenue NE Columbia Heights MN 55421

Health office phone number: 763-528-4427

Health office fax number: 763-528-4529

Medication Authorization Form

Student _____ Birthdate _____ Grade _____ Year _____

School _____ Name of Insurance or medical coverage _____

Physician / Licensed Provider's Order:

Diagnosis/ Reason Given	Medication	Dosage	Route	Time/ Frequency	Est. Date of Termination	Possible Side Effects
1.					Date	
2.					Date	
3.					Date	
4.					Date	

Other recommendations: _____

Student may self-administer inhaler and the inhaler may be kept with the student, not in health office. It is recommended that a back-up inhaler be kept in the health office if the student carries an inhaler). See back for school medication administration procedure.

Signature of physician/licensed prescriber _____ Date _____

Print or type name of physician/licensed prescriber _____ Phone # _____

Clinic Name _____ Address _____

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- Parent's Form: 1. I request medication be given as prescribed by physician/licensed prescriber (above).
 2. I release school personnel from liability in the event any reaction results from the medication.
 3. If there is remaining medication, I give my permission for school personnel to send this home with my child.

Parent Signature _____ Date _____

Columbia Heights Public Schools Health Services
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Procedures for Administration of Medication to Students

The purpose of administering medications in school is to enable the student to remain in school, to maintain or improve health status, and to improve potential for education.

The **goal** of these procedures is to ensure the safe, accurate and timely administration of medication to students by trained personnel in the school setting.

Parents are advised that: if possible, medication should be given at home and on a schedule other than school hours. When it becomes necessary for medication to be taken by students during the school day, these procedures will be followed:

1. **Physician's order**-The school must have a written request from a physician/licensed prescriber for all prescription and non-prescription medications which are to be given either long term or on a as needed basis and/or those medications given by injection or gastrostomy tube. All authorizations expire at the end of the school year.
2. **Parent permission**-The school must have a written request from a parent/guardian for the administration of any medication (prescription or non-prescription) that needs to be taken by a student during the school day. Short term antibiotic therapy will require only parent signed permission if medication is in a prescription labeled bottle.
3. **Supervision**-Medications will be given under the supervision of a licensed School Nurse and may be delegated only to personnel who have been specifically trained for this responsibility by the Nurse.
4. **Self-Administration of Medication**-The objective of some medication programs includes facilitating self-responsibility for medication. Prior to any self-medication program, the student needs to be knowledgeable about his/her specific health condition and the medications used to manage his/her condition.

After health counseling with his/her physician and the school nurse, self-administration of medication may be considered as an option at the Middle School and High School.

If the student can demonstrate proper administration of the medication and if the student, his/her parent/guardian, physician, and school nurse agree it is appropriate for the student to self-administer the medication, the student will be allowed to carry and self administer the medication. We prefer that the student come to the health office for administration so that the effect of the medication can be monitored.

5. **Prescription medication**-must be sent to the school in the correct pharmacy-labeled container.
6. **Non-prescription medication**, when ordered by a physician, must be sent to the school in the original unopened container in which it was purchased and labeled with the student's name.
7. **Storage**-All medication (prescription and non-prescription) will be stored in a locked cabinet (or refrigerator if refrigeration is required) or other secure area in the Health Service office. Exceptions are listed in **Self-Administration of Medication**.
8. **Record of Administration**-Each dose of medication will be documented on the medication record. Documentation will include the name of the student, name of the medication, dosage, date, time, route and the initials of the person administering the medication.
9. **Unauthorized use of Medications**-Students observed by school personnel self-administering unauthorized medications will be reported to their parent/guardian and school administrator.