

HEALTH SERVICES

MEDICAL FORM FOR ADMINISTRATION OF MEDICATION
AND SELF MEDICATION ADMINISTRATION



THIS FORM IS GOOD FOR UP TO ONE SCHOOL YEAR ONLY.

The following is to be completed by a licensed health care provider. No medication of any kind will be given to your child until this information is completed and returned to the school.

- All medication must be in a **pharmacy-labeled container**. **NOTE:** Over the counter medication prescribed by a health care provider must be brought to school in an unopened original container.
- If any changes in medication occur during the school year, a new form must be completed along with a new pharmacy-labeled container and returned to the school.
- **Only one form for each medication is to be used.**
- Medication must be brought to school by a responsible adult. Please **do not send medication by children**.
- A parent signature is required before a student can be assisted with self medication.
- Any unused medications will be destroyed at the end of the current school year if not retrieved by the parent/guardian.

TO BE COMPLETED BY PARENT:

Name of student _____ Date of Birth _____

School _____ Grade _____ Teacher _____

I hereby give consent for my child to be assisted in taking the medication described below at school. I also authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed below. I will comply with the policy listed on the back of this form related to dispensing medication at school. I also give consent for a photo of my child to be taken and used as a secondary form of identification for medication administration.

Parent / Guardian Signature _____ Date _____ Home Phone _____ Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

Emergency Contact (Name and Phone) _____

TO BE COMPLETED BY HEALTH CARE PROVIDER ONLY:

Diagnosis for which medication is given _____

Name of medication _____ Dosage _____

Start Date _____ Stop Date _____

Form _____ Route _____ Special Handling Instructions: refrigeration keep out of sunlight other _____

If medication is to be given daily, at what time? _____ A.M. _____ P.M.

Dates must be administered at school:

Every day at school Episodic/Emergency events only Short term (list dates to be given) _____

If medication is to be given "when needed", describe symptoms student will exhibit. _____

How soon can it be repeated? _____

Possible side effects and procedure to follow _____

Health Care Provider Name (**Print**) _____

Health Care Provider Signature _____ Date _____

Address _____ Zip Code _____

Phone _____ Fax _____

(School Staff Only) Completed form received on _____ By _____
Date Signature

Expiration Date of Medication (if available) _____

Knox County Board of Education Policy
Medication
(JGCB issued 6/08)

No medication of any kind shall be self-administered by students, even with assistance from school nurses or other school personnel, except when medication must be given on a long term basis and is necessary to affect an improvement in, or control of, a health problem during the school hours. Medications such as Tylenol, aspirin, and other over the counter (O.T.C.) medications are included in these regulations. Any student who is required to take medication during the regular school hours must comply with the medication policy.

These regulations must include the following:

1. The school system has the final decision-making authority with respect to the administration of medications and to reject requests for administering medications.
2. Written orders must be provided by a medical health care provider who has the legal right to write a prescription. The order must include the name of the drug, dosage, frequency or time interval, route or method of administration, the time to be administered, route of administration, possible side effects, and method of storage.
3. One medication per form is allowed on the Physician Form and the form(s) must be renewed each school year. If the prescribed medication order is changed during the school year, a new authorization (Physician's Form) is required. Both the medical health care provider and parent/guardian must sign the form.
4. A parent/guardian signature is required on the Physician Form for Administration of Self-Medication before a student can be assisted with self-medication.
5. All medications, whether prescription or over-the-counter, must be brought to the school by a responsible adult (parent/guardian). Students may not carry medications of any kind on their person with the exception of asthma inhalers, Epi-Pens (anaphylaxis medications) or insulin delivery systems with written permission from a parent and authorization by a medical health care provider. Failure to properly register medication shall lead to a presumption that any such medication is not lawfully in the possession of the student.
6. All medications must be in appropriate containers which are properly labeled by a medical care provider or pharmacy. The prescription bottle must be the latest one filled by the pharmacy or medical care provider. Any over-the-counter (OTC) medication prescribed for a student must be provided in its original unopened, unexpired container with the original label and has the student's name written on the medication container.
7. Upon receiving the medication at school, the quantity of medication received must be confirmed and documented. A secure location must be provided for the storage of medications.
8. All medications self-administered must be documented on the Medication Administration Record. Medication records will be kept in the student's cumulative record when completed.
9. School Nurses will monitor the administration, documentation, and storage of all medications on a regular basis.
10. The parent/guardian is responsible for picking up any unused medication at the end of the treatment or at the end of the school year. Any medications not picked up shall be destroyed as per Knox County policy.