MONROE SCHOOL DISTRICT #1J

CODE: JHCD/JHCDA-Form
ADOPTED: 01/13/15
REVISED:
REVIEWED:

Medication Permission & Administration

This order is valid only for the current school year:_____School:_____

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact.
- An adult must bring the medication to the school.

Student Name	Grade	Date of Birth
Condition for which medication is being administered:		
Medication Name:		
Dose:	Route:	
Time/frequency of administration:		
If PRN, for what symptoms:		
Relevant side effects: ☐ none expected ☐ Specify:		
Medication shall be administered from: _____ to: _____ Month/Day/Year Month/Day/Year		
Prescriber's Name/Title		
Telephone: Fax :		
Address:		

PARENT/GUARDIAN AUTHORIZATION

I request designated school personnel to administer the medication as prescribed by the above prescriber. 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 understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize the Health Clerk or Building Principal to communicate with the health care provider as allowed by HIPPA.

Parent Signature: Date

Home phone # Cell phone # Work phone #

SELF CARRY / SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION / APPROVAL

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school principal according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication:

_____
Signature / Date

Building Principal's approval for self carry/self administration of emergency medication:

_____
Signature / Date