

Green Acres School Authorization to Administer Prescribed and/or OTC Medication, Release and Indemnification Agreement

**Part I – To Be Completed by the Parent/Guardian**

I hereby request and authorize Green Acres School (GAS) personnel to administer prescribed and/or OTC medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless GAS and any of their officers, staff members, nurse delegates, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided GAS staff are following the physician’s order as written in Part II below. I have read the procedures outlined on the 2<sup>nd</sup> page of this form and assume the responsibilities as required.

Student: \_\_\_\_\_ Birth date: \_\_\_\_\_

Prescription: \_\_\_Renewal\_\_\_New If new, the first full day’s dosage was given at home on: \_\_\_\_\_

Allergies: \_\_\_\_\_

List all medication(s) the student is taking, including over-the-counter medication(s): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

**Part II – To Be Completed by the Physician for Prescriptions or OTC Medications**

The Montgomery County Department of Health and Human Services and Green Acres School discourage the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before or after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the 2<sup>nd</sup> page of this form. Please do not use abbreviations. **I have read the above parent/guardian information and assume the responsibilities as required.**

**PLEASE USE A SEPARATE FORM FOR EACH PRESCRIPTION OR OTC MEDICATION**

Name of Prescribed Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time(s) to be given at school: \_\_\_\_\_

Route of Administration: \_\_\_\_\_ Effective Dates: \_\_\_\_\_

Side Effects: \_\_\_\_\_

If PRN, specify indication (signs/symptoms): \_\_\_\_\_

**Physician’s Name, Address, and Phone (Print or Stamp)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Physician Signature and Date**

**SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self-carry/self-administration of **emergency** medication such as inhalers and EpiPens® **must** be authorized by the prescriber and be approved by the school nurse according to the State medication policy:

Prescriber’s authorization for self-carry/self-administration of emergency medication \_\_\_\_\_  
Signature Date

School RN approval for self-carry/self-administration of emergency medication \_\_\_\_\_  
Signature Date

**Part III – To Be Completed By the School Nurse**

\_\_\_\_\_  
Parts I and II above are completed, including signatures.

\_\_\_\_\_  
Medication is properly labeled by pharmacist.

\_\_\_\_\_  
Medication label and physician order are consistent.

\_\_\_\_\_  
OTC Medication is in manufacturer, labeled container.

\_\_\_\_\_  
Date any unused medication is to be collected by parent/guardian - within 1 week of expiration of physician order.

\_\_\_\_\_  
School Nurse Signature and Date

## Information and Procedures

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written physician order. This includes both prescription and over-the-counter (OTC) medications.
2. The parent/guardian is responsible for completing Part I and obtaining the physician's statement on Part II. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physician may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will the School administer medication brought to school by a child.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. **The first day's dosage of any new medication must have been given at home before it can be administered at school.**
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of Green Acres School. Medications without accompanying physician's orders and parental consent will not be stored in the health room.
8. Students may not self-administer controlled substances.
9. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and EpiPens® for anaphylaxis. **The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to the health staff or other school staff that they have self-administered their inhaler without any improvement or have self-administered an EpiPen®, so that 911 may be called.**
10. The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.
11. This form is effective for the 2011-2012 school year. It also applies to overnight trips provided there are no changes.