The Seven Hills School – Middle/Upper
Consent to Administer Medication at School

(School Guidelines For Administration Of Medication At School On Reverse Side)

In order for school personnel **to administer prescribed or over-the-counter drugs** such as Tylenol to a student, the following information **must be on file and contain the written consent of the licensed prescriber and parent.**

Name of Pupil _____ Date of Birth _____
Address _____ Zip Code _____
Phone_____ Division _____ Grade _____
Allergies _____ **Special Needs and Conditions**: _____
_____ _____
_____ _____

To be completed by the physician/licensed prescriber : Please check any of the following medications & preferred dose for each that may be given to the above named child while at school. These are the current stock medications available in the Nurses' Offices.

Acetaminophen (ie. Tylenol) - for minor discomforts associated with headache, fever or muscle pain

☐ 72-95 lbs./11 yrs. 480 mg., po, chewable tablets/liquid, q 4-6 hrs.
☐ 96 lbs. & over/12 yrs. 640 mg., po, chewable tablets/liquid, q 4-6 hrs.
☐ 12 yrs. & older - 650 mg. q4-6 hrs., po, tablets
Side Effects _____

Ibuprofen (ie. Motrin, Advil) - for minor discomforts associated with headache, fever or muscle pain – given with food

☐ 72-95 lbs./11 yrs. -300 mg., po, chewable tablets/liquid, q 4-6 hrs.
☐ 12 yrs. & older – 400 mg. q4-6 hrs., po, tablets
☐ 12 yrs. & older – 200 mg. q4-6 hrs., po, tablet
Side Effects _____

Calcium carbonate USP 1,000 mg. (ie. Tums) - for upset stomachs, indigestion

☐ 1-2 chewable tablets po once per day at school
Side Effects _____

First aid items:

☐ Triple antibiotic ointment for minor wounds
☐ Hydrocortisone cream for itching from insect bites, rashes
☐ Caladryl Clear for itching from insect bites, rashes
☐ Opcon-A eye drops for itching, redness due to aller
Side Effects _____
Side Effects _____

Date to Begin Administering Medications _____ Date to terminate Administering Medications _____

Licensed Prescriber's Name (print or type)_____Phone _____

Licensed Prescriber's Emergency Phone _____

Licensed Prescriber's Signature _____

To be completed by parent:

Note: **Any prescribed medication must be in a pill, capsule or in liquid form. It must be in a clearly marked container from a pharmacist. The label must show the student's full name, the dosage directions, the doctor's name and the prescription number. As a general rule, the School's personnel do not give injections. This form is valid for the current school year beginning with the first day of school in August.**

The undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Principal or his/her designee to administer the prescribed medication. I have read the Guidelines for Administration of Medication at School and will abide by them. **(over)**

*I authorize my child to possess & use an autoinjector &/or inhaler, as prescribed, at school. I will provide a backup dose of the autoinjector medication to the school as required by law.

Signature of Parent/Parent Surrogate_____ Date _____

Guidelines For Administering Medications In School

A school nurse or principal or his/her designee may administer medication during school hours to pupils in his/her school according to the following guidelines. Medications ***MAY NOT*** be kept and taken by individual students except as outlined below in #7.

1) The medication must be prescribed by a licensed prescriber.
   a) A written order for the prescribed medication, dosage, duration of dosage, and a statement explaining the administration of the dosage and the possible side effects, signed by the licensed prescriber, must be on file in the nurse's office before the medication can be given. A new form must be completed if a medication dosage is adjusted. In an emergency, orders may be faxed from the licensed prescriber.
   b) A staff person may administer pills, capsules or liquid medication or may assist a child with his/her inhaler. The staff ***MAY NOT*** administer any medications requiring injections or the use of syringes or similar instruments with the exception of an Epipen in the treatment of an allergic reaction. Care guidelines for diabetic students will be determined on an individual basis.
   c) **Over-the counter drugs** may be given provided they are prescribed in writing by a licensed prescriber and all above qualifications have been met.
2) A statement signed by the parent or guardian giving permission to the school nurse/principal or designee to administer prescribed medication must be on file **in the nurse's office** before medicine is given. Medication will not be given without this statement and the licensed prescriber's order on file.
3) The parent's statement must also include a clause providing that the undersigned agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicine and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicine. Forms for this information are available in the nurse's office.
4) In all cases, the parent must assume responsibility for the safe delivery of the medication to the school. All prescribed medication must be in the original containers clearly marked by the pharmacist with the student's name, the dosage directions, physician's name, and the prescription number. The pharmacy will provide a second container for use at school if asked.
5) The school's nurse/principal or designee must keep medications in a locked place.
6) Upon receipt, the school's nurse reviews each order and medication, and then assumes responsibility for the administration and monitoring of all medications given during school hours. The nurse provides other school personnel with specific instructions pertinent to the medication. **She is not responsible for any medications taken or given on overnight field trips. All medications required during Extended Day or Holiday Care must be supplied by the parent(s).**
7) In order for a student to carry and use his inhaler, insulin or Epipen on his own, he/she must have a statement from the licensed prescriber and parent indicating that assistance is not required.

Date	Time	Medication	Reason	Dose	Init.	Date	Time	Medication	Reason	Dose	Init.