

Authorization for Medication Administration by School Personnel

Student Name: _____ DOB: _____ Grade: _____

I am giving school personnel permission to administer medications to my child per the following:
Parent or Physician please complete:

Medication Information:	If second medication is to be administered:
Medication: _____	Medication: _____
Dose (how much): _____	Dose (how much): _____
Frequency (how often): _____	Frequency (how often): _____
Route: (CHECK one) By: Mouth___ Ear___ Eye___ Nose___ Skin___	Route: (CHECK one) By: Mouth___ Ear___ Eye___ Nose___ Skin___
Time to be given at school: _____	Time to be given at school: _____
Duration: Start Date _____ End Date: _____	Duration: Start Date _____ End Date: _____
Reason for Medication:	Reason for Medication:
Special Instructions:	Special Instructions:
<input type="checkbox"/> Self Medicate - NEED DOCTOR SIGNATURE <input type="checkbox"/> Non Prescription <input type="checkbox"/> Prescription <input type="checkbox"/> Prescription Epi Pen **NEED PROTOCOL <input type="checkbox"/> Prescription Inhaler	<input type="checkbox"/> Self Medicate - NEED DOCTOR SIGNATURE <input type="checkbox"/> Non Prescription <input type="checkbox"/> Prescription <input type="checkbox"/> Prescription Epi Pen - NEED PROTOCOL <input type="checkbox"/> Prescription Inhaler -

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am also responsible to notify the school in writing of any changes. **Students are not allowed to bring prescription medications to school. Medication must have a current prescription label attached to the bottle. Over the counter medication must come in a new, sealed bottle/package, along with completion of this form.** Parents are required to pick up all unused medication by one week after the last day of school. All medication left at the school will be discarded.

I have been given a copy **Notification to Parents who must take medication during school hours** and Oregon Revised Statutes of ORS 339.870, and understand the following procedures.

Parent Signature: _____ Date: _____

Doctor Signature: _____ Date: _____

NOTICE TO THE PARENTS OF STUDENTS WHO MUST TAKE MEDICATION DURING SCHOOL HOURS:

The Oregon Revised Statutes states the following: ORS 339.870 Liability of school personnel administering medication. A school administrator, teacher or other school employee designated by the school administrator is not liable in criminal action or for civil damages as a result of the administration of prescription medication, if the school administrator, teacher or other school employee in compliance with the instructions of a physician, physician assistant, nurse practitioner or clinical nurse specialist, in good faith administers prescription medication to a pupil pursuant to written permission and instructions of the pupil's parents or guardian.

The school is willing to assist you with the problem of prescribed medications that your child must take. However, because of legal requirements, your child's safety, and the possible dangers involved with medicines, suitable precautions must be taken.

The following procedures are necessary if you wish school personnel to assist your child in taking prescription or non-prescription medication during school hours.

1. Written directions from the physician (prescription) or parent (non-prescription) including: (1) child's name, (2) name of the drug, (3) why the drug is being given, (4) dosage, (5) times to be given, (6) duration of therapy.
2. All medication is to be in the original prescription bottle or container clearly labeled with the name of the student, drug, dosage and name of the prescribing doctor. (If the child is to take medication at home also, ask the druggist to issue medication in two separate bottles.) Medication must be brought to school by a parent/guardian.
3. A release is to be signed by the parent/guardian directing the principal or his/her appointed representative to assist the student in taking the medication and absolving school personnel of any liability.
4. Certain members of the staff will be trained and designated to assist your child in taking medications.
5. It is advisable when a medication is to be taken routinely over a long period of time, that your principal be aware of this so he/she, with the school health consultant, may discuss with school personnel any possible side effects.
6. A locked cabinet or file drawer will be used for storage of medication.
7. Unused medication must be returned home by the parent/guardian when treatment is complete or at the end of the school year.

The release form for parent/guardian to sign, including information from the physician and his/her signature, are attached. Please bring this completed form with the medication to be dispensed.

Thank you for your cooperation.