



May 2019

Dear Parent/Guardian:

You are receiving this letter and the attached authorization form because your child currently has medication that is administered and stored at school.

PLEASE PICK UP YOUR CHILD'S MEDICATION FROM SCHOOL NO LATER THAN 5/23/2019 Any medication that is not picked up will be disposed of, including inhalers and Epi-pens.

Attached is the Medication Authorization form to be completed for the 2019-2020 school year if your child will require medication during the school day. For safety reasons, parents are requested to bring medication directly to the school office prior to the start of school.

1. Please note that each medication requires a separate form and should have a start and stop date for medication.
2. If your child has an Epi-pen or inhaler at school, you will receive a standardized health care plan that will need to be completed/signed by you and your child's health care provider - this signed plan will take place of a medication authorization.

Prescription and over-the-counter medications will be accepted and may be given at school only when the following conditions have been met:

- The Medication Authorization form must be filled out completely:
 - ✓ Clearly stated *name of the child*, *name of the medication*, the *dosage*, and the *time* the medication is to be given at school
 - ✓ Signatures from both the Health Care Provider and the Parent/Guardian
- The medication provided to the school must be in the **original container** with the ***child's name***, and the ***pharmacy label***
- **Expired medications cannot be accepted**

For your child's safety, school personnel administering medications in the school setting must adhere to established guidelines. Please support us as we work to ensure the health and well being of all students.

Thank you very much for your cooperation in this matter.

Sincerely,

Jessica Gabbert BSN RN AE-C School Nurse Consultant

April 2019 JG

Permission for Medication Administration at School and Child Care

The parent/guardian of _____ ask that school/child care staff give the following medication _____ at _____ to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Child's Name *Name of Medicine & Dosage* *Time(s)*

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, route, date medicine is to be stopped, and licensed Health Care Provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed Health Care Provider authorization, and medicine must be packaged in original container.

The school/child care agrees to administer medication prescribed by a licensed Health Care Provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) left at the school will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's Health Care Provider to share information about the administration of this medication with the school staff delegated to administer medication.

Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

Work Phone Alternate Phone

Health Care Provider Authorization

Child's Name:		Birthdate:
Medication:	Dosage:	Route:
To be given at the following times:	Start Date:	End Date:
Special Instructions:		
Purpose of Medication:		
Side Effects to be reported:		

Signature of Health Care Provider with Prescriptive Authority

Date

Print Name of Health Care Provider

Phone & Fax Number

Signature of Child Care Health Consultant or School Nurse

Date