

VISION ACADEMY CHARTER SCHOOL

MEDICATION ADMINISTRATION AUTHORIZATION FORM

- * This form is required, by law, for all medications, including non-prescription (over-the-counter) medication.
* No medication will be administered without both the prescriber's and the parent/guardian's signatures.
* A separate authorization form is required for each medication.
* A new authorization form must be completed any time there is a change in a medication's strength or time of administration, and at the beginning of each school year.

PRESCRIBER'S AUTHORIZATION AND ORDER

(This section is to be filled out by the student's MD/DO/PA/NP)

Name of Student: Date of Birth:

Medication Name: Strength/Dose:

Frequency: PRN? yes no Route:

Circle time(s) of day medication is to be administered at school: 8am 9am 10am 11am 12pm 1pm 2pm 3pm

Diagnosis or reason for medication:

Significant potential side effects: none expected specify:

Medication shall be administered from: to: (Month / Day / Year) (Month / Day / Year)

If this medication is an asthma inhaler, epinephrine auto-injector, or other emergency medication, is student authorized to self-carry/self-administer? yes no

Special Instructions:

Prescriber's Name/Title: Phone:

Prescriber's Signature: Fax:

PARENT/GUARDIAN REQUEST & 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 authorize the school nurse to communicate with the above health care provider as allowed by HIPAA.

Check this box if you are requesting and approve to have your child self-carry/self-administer his or her medication as authorized by the above prescriber.

Parent/Guardian Signature: Date:

Home/Cell Phone #: Work #: Email:

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

Self-carry/self-administration of medication (including emergency medication) that is authorized by the prescriber above must be approved by the school nurse according to the Academy's medication policy.

School RN approval for self-carry/self-administration of medication: Signature Date

- *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 school.
*The school nurse (RN) will call the prescriber if a question arises about the child and/or the child's medication.