

## School Medication Administration Form

**ONE (1) MEDICATION PER FORM – REQUIRED FOR ALL (PRESCRIPTION & OVER THE COUNTER) MEDICATIONS**

**Student Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

### Prescriber Portion

**Medication Name:** \_\_\_\_\_ **Concentration:** \_\_\_\_\_

**Dose:** \_\_\_\_\_ **Route:** \_\_\_\_\_ **Frequency:** \_\_\_\_\_

**Indication or instructions for “as needed” med:** \_\_\_\_\_

**Possible Side Effects:** \_\_\_\_\_

**For Emergency Medication-** The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: **Yes**      **No**      (*Check one*)

**Date:** \_\_\_\_\_ **Prescriber Name:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_

### Parent/Guardian Portion

*I request this medication be given as prescribed (above) including on field trips. I release school personnel from any liability in the administration of this medication and understand that I am responsible for communication with the healthcare provider who is ordering this medication. I understand that this medication may not be administered by a Licensed School Nurse. I understand that this authorization will be effective and need to be renewed each school year. I agree to provide medication in the unopened original container (for over the counter med) / with a printed label from the pharmacy (prescription med) and pick the medication up at the end of the school year. If this medication is not picked up by 5 business days after the last day of school, I authorize HCPA health office to transport this medication for the purpose of destruction if any unused drug/medication remains in the possession of the school personnel. I will provide all necessary devices required to administer this medication, if needed (ie: nebulizer mask/tubing, syringes, pill crusher, med cup, etc). Information may be exchanged with staff working with my child, medical providers, and emergency personnel, if needed, to ensure the student’s safety.*

**For Emergency Medication-** The student is capable, has been instructed of the proper use of this medication, and may self-carry / self-administer this medication: **Yes**      **No**      (*Check one*)

**Date:** \_\_\_\_\_ **Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Medication Receipt***To be completed by school personnel*

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

Medication: \_\_\_\_\_ Count: \_\_\_\_\_ Parent Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Staff accepting medication: \_\_\_\_\_

**End of the school year pick-up protocol for non-controlled medications:**

HCPA health office staff will attempt to contact parents 3 times before the last day of school and 1 time after the school year has ended by

- 1) Sending home, a pick-up confirmation form the last week of May. Parent/guardian must specify if they will pick up their students' medication on the last day of school or give authorization for their student to bring their medication home on the last day of school. Parent/guardian must sign the form and return it to school before the last day of school.
- 2) The health office will make an initial phone call to parents/guardian regarding the students' medication the last week of May if the pick-up form is not returned yet. A second phone call will be made at the beginning of the last week of school.
- 3) Any medications still in the HCPA health office possession on the last day of school, the health office will make the final call home for medication pick-up within 5 business days.
- 4) Any medications not picked up by parent/guardian by the end of the business day on the 5<sup>th</sup> day after school has ended, the medication will be transported by a member of the health office to a medication drop-off site.

EXCEPTIONS to this pick up procedure is if the student will be returning for summer school. Calls and form will be sent home one week prior to end of the summer school program and the 5 day period will be 5 business days after the last day of summer school.

**End of the school year pick-up protocol for controlled medications:**

HCPA health office staff will attempt to contact parents 3 times before the last day of school and 1 time after the school year has ended by

- 1) Sending home, a pick-up confirmation form the last week of May. Parent/guardian must sign the form and return it to school before the last day of school.
- 2) The health office will make an initial phone call to parents/guardian regarding the students' medication the last week of May if the pick-up form is not returned yet. A second phone call will be made at the beginning of the last week of school.
- 3) Any medications still in the HCPA health office possession on the last day of school, the health office will make the final call home for medication pick-up within 5 business days.
- 4) Any medications not picked up by parent/guardian by the end of the business day on the 5<sup>th</sup> day after school has ended, the medication will be transported by a law enforcement agency to a medication drop-off site as a school district or school personnel is prohibited from transporting a controlled substance.

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_

Revised 07/2023

**All that a school should be.**