



**School Medication Prescriber/Parent Authorization Form**

**STUDENT INFORMATION**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Allergies: \_\_\_\_\_

**PRESCRIBER AUTHORIZATION (To be completed by a licensed healthcare provider. An order on a prescription pad will also be accepted.)**

Medication name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_  
Frequency/time to be given: \_\_\_\_\_ Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_  
Reason for taking medication: \_\_\_\_\_  
Potential side effects/contraindications/adverse reactions: \_\_\_\_\_  
Treatment order in the event of an adverse reaction: \_\_\_\_\_

**SPECIAL INSTRUCTIONS:**

Is this medication a controlled substance?  Yes  No  
Is self-medication permitted and recommended?  Yes  No  
If "yes" I hereby affirm this student has been instructed on proper self-administration of the prescribed medication.  
Do you recommend this medication be kept "on person" by student?  Yes  No

Printed Name of Licensed Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
Signature of Licensed Healthcare Provider: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENT AUTHORIZATION**

I authorize the school nurse to administer or to delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with Faith Academy's Medication Policy. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the school nurse to talk with the prescriber or pharmacist should a question come up with the medication.

**Prescription Medication** must be registered with the school nurse in the original prescription bottle. Prescription medication must be properly labeled with the student's name, prescriber's name, name of medication, dosage, time intervals, route of administration, and the date of drug's expiration when appropriate.

**Over-the-Counter Medication** must be registered with the school nurse in the original, unopened container. Faith Academy's Medication Policy for OTC medication to be followed.

- I have read the Faith Academy Medication Policy.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**SELF-ADMINISTRATION AUTHORIZATION**

**(To be completed ONLY if the student is authorized to complete self-care by the licensed healthcare provider.)**

I authorize and recommend self-medication by my child for the above medication. I also affirm that he/she has been instructed in the proper self-administration of the prescribed medication by his/her healthcare provider. Self-medication will only be approved by the school nurse for emergency/rescue medications. I shall indemnify and hold harmless the school, the agents of the school, and the local board against any claims that may arise relating to my child's self-administration of prescribed medications.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

# Faith Academy 2024-2025 Medication Policy

Medication administration is a small but important part of maintaining student wellness during school hours. Only medication prescribed by a physician will be administered. Parents are encouraged to give the student their medication at home whenever possible.

## Prescription Medication:

- Medications should be brought to school by a parent or guardian and given to the school nurse with the completed "School Medication Prescriber/Parent Authorization Form" signed by a licensed healthcare prescriber with specific instructions for use.
- Prescription medication must be in the original prescription bottle labeled with the child's name.
- If at any time the medication changes, a new form must be filled out by the healthcare provider and turned into the school nurse.
- The first dose of any new medication must be administered at home in case of possible allergic reaction.
- Medication will not be given more than ½ an hour before or after the assigned time.
- Students cannot be in possession of any medication unless it is an emergency or rescue medication with the appropriate medication authorization form on file.
- Students who have met the criteria for self-medication should: never share medication with other students, keep the medication in the original labeled container, and bring the medication to school every day.
- Medications cannot remain at school over summer and must be picked up by parent/guardian at the end of the school year or the medication will be destroyed.
- The school nurse reserves the right to deny the privilege to self-carry to any student based on their assessment and individual nursing judgment.

## Over-the-Counter (OTC) Medication:

- For OTC medication to be administered at school by the nurse or other personnel, it should be brought to school by a parent or guardian and given to the school nurse with the completed "**School Medication Prescriber/Parent Authorization Form**" signed by a licensed healthcare prescriber with specific instructions for use (ex. 2 tabs every 4-6 hours as needed for pain).
- OTC medication must be in a new, unopened container.
- The parent or guardian must deliver OTC medication to the school nurse. Medication should not be sent with the student. Students are not allowed to possess OTC medications.
- OTC medication may be administered by the parent or guardian at any time.