



Glen Ullin Public School

MEDICATION ADMINISTRATION AUTHORIZATION



Directions for Parents: Please complete this form if you want GUPS staff to administer prescription and non-prescription medication to your child. (Exception: reliever inhalers and EpiPens). (1) One of these forms must accompany each medication to be administered; (2) One of these forms must accompany each new medication or change in dosage that may occur during the school year; (3) All types of medications must be in their original containers; and (4) As appropriate, this remains in effect through any summer school programs following the regular school year. Per District guidelines, parents (rather than children) should deliver medication to designated school personnel. Thank you!

Child's Name	DOB	Grade	
Parent/Guardian		Teacher	
Parent/Guardian Phone Numbers:	Home:	Work:	Cell:
Physician/Phone:		Hospital/Phone:	

AUTHORIZATION FOR MEDICATION ADMINISTRATION (only if required during school hours)

Medication: _____ Dosage: _____ How Many: _____ Time to Give at School: _____
 Route (Circle One): By Mouth Inhale/Nasal Apply to Skin Apply to Eyes Drop in Ears Other: _____
 Instructions of Use: _____
 Medication Side Effects: _____
 Other information staff should know about student and this medication:

AUTHORIZATION (Check One)

____ I authorize my child to securely keep/store and self-administer the medication listed above. (**Non-Prescription medication only. Exception: Reliever Inhalers and EpiPens**)

____ I authorize GUPS Staff to securely keep/store and administer the medication listed above to my child.

- I understand that administration of this medication will not necessarily be done by a nurse.
- I will notify the school immediately if my child's health status changes or this medication is discontinued.
- I give permission to School personnel to contact the physician as needed; and that medication/health information may be shared with staff who need to know.

I authorize GUPS to contact the following health care provider if concerns or emergencies arise regarding my child and the medications listed above. Provider: _____ Phone Number: _____

In exchange for granting my request to permit my child to self-administer the above-named medication, I agree as follows: (1) To indemnify, defend and hold harmless Glen Ullin Public School District, its officers, employees and all other individuals working in their official capacities on behalf of the District from any claim or liability for injuries or damages resulting from the self-administration of the above-named medication; (2) To acknowledge that I will not seek any recovery from the District for any claim or liability for injury or damages, including without limitation reasonable attorneys fees and costs, caused or claimed to be caused by the self-administration or the above-named medication.

Parent/Guardian Signature: _____ Date: _____
 Home Phone: _____ Work Phone: _____ Cell Phone: _____



Glen Ullin Public School
PARENT INSTRUCTIONS FOR STUDENTS TAKING
MEDICATIONS AT SCHOOL



1. Medication should be taken at home if at all possible. Medications not required during school hours may be declined for administration at school.
2. Medications that a child has never taken before must be started at home before requesting the school to administer them.
3. Medications needing to be given at school are to be brought to and from school by a parent/guardian.
4. All medications (prescription or non) must be in their original container with a current unaltered label. The medication must be unexpired and prescription labels must be dated within the past 12 months.
5. Tablets must be sized for proper dosage (e.g., cut in half, etc.) prior to bringing them to school.
6. Parents should provide the dosing utensils (e.g., cup/spoon) where needed.
7. Medication authorization forms must be completed and signed by the parent/guardian before medication is given. Forms are available online and at the school office.
8. Students who carry and self-administer inhalers or EpiPens require physician approval and signature on specific GUPS forms, which are also available online at the school office.
9. Medications will be kept in a secured office area and will be administered by designated trained staff or a school nurse. Emergency medications will be stored in the office area and/or other locations allowed by the student's Individual Health Plan.
10. Parents should encourage their child to report to the office on time if they receive a daily medication. School staff will call the child's classroom if they do not come on their own.
11. Timely refill of the prescription is very important and is the responsibility of the parent/guardian.
12. Expired medications will not be administered.
13. Parents are responsible for their child's medication. Parents must pick up all unused (expired or current) medication when the school requests, and/or by the last day of school.