



AUTHORIZATION OF STUDENT MEDICATION

To the Principal of _____ School Date _____
School Year _____

I, the parent/guardian of _____, whose birth date is _____, request the following medication be given to my child during school hours. I release school personnel from any liability involved with administering this medication according to the physician's or health care provider's* instructions below. I understand that this form is valid only with a physician's or health care provider's signature. I authorize the school nurse and the physician or health care provider to communicate as needed to ensure the safe administration of the medication. I UNDERSTAND THAT THIS AUTHORIZATION IS IN EFFECT FOR ONE (1) SCHOOL YEAR AND A NEW FORM MUST BE SIGNED BY A PHYSICIAN OR HEALTH CARE PROVIDER EACH SCHOOL YEAR.

- I authorize my student to possess and self-administer approved medications.
 - I do not authorize my student to possess and self-administer approved medications.
- (Only asthma inhalers, EpiPens, and diabetic medications and supplies are approved to be carried by a student at school)

Parent/Guardian Signature Parent/Guardian Printed Name Date

In accordance with the request of the parent/guardian above, I request that the following medication(s) be given to _____ by school personnel during regular school hours:

| | Diagnosis | Medication | Method | Dosage | Time |
|---|-----------|------------|--------|--------|------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

Do you recommend that any of the medications listed above be kept with the student at all times? (Only asthma inhalers, epinephrine auto-injector (EpiPens), and diabetic medications and supplies can be possessed by a student at school.) No Yes, _____ (specify medication)

Has the student been trained to self-administer the medication and are they capable of doing this safely? No Yes

Potential side effects of these medications that school personnel needs to be aware of: _____

Additional instructions to the school: _____

Note: If a request is being made to administer Glucagon to a diabetic student in a low blood sugar emergency, the Glucagon Authorization Form provided by the Utah Department of Health/Utah State Office of Education must be completed and signed by the parent/guardian and physician or health care provider and kept on file at the school.

I, the undersigned physician/health care provider, hereby verify that the administration of the above-described medication(s) by school personnel is medically necessary during periods when the student is under the control of the school.

Physician/Health Care Provider Signature Physician/Health Care Provider Printed Name Date

School Principal Signature Date School Nurse Signature Date

Signature of school personnel assigned and trained by the school nurse to administer the above medication(s):

School Personnel Signature School Personnel Signature Date

* The "health care provider" must be authorized to prescribe medication in the State of Utah (i.e., physician, dentist, nurse practitioner, or physician assistant).

Students with a physical or mental impairment may be eligible under Section 504. For further information, contact the school principal or the Nebo School District 504 Coordinator.

GUIDELINES FOR ADMINISTRATION OF STUDENT MEDICATION

1. Parent/legal guardian is responsible to bring medication to the school and take home any remaining medication at the end of the school year.
2. The medication must be in a container clearly labeled by a pharmacist or appropriate health care provider.
3. The medication label must include:
 - name of the medication,
 - route of administration,
 - time(s) of administration, and
 - physician's/health care provider's name.
4. The medication shall be counted by both the parent/legal guardian and the school employee receiving the medication.
5. The number of pills and the name of the persons counting the pills shall be recorded on the daily record or log.
6. Medication must be kept in a secure location by school personnel.
7. Access to a secure location will be monitored and authorized by the school principal and his/her designee.
8. Medication requiring refrigeration shall be stored in a refrigerator.
9. The school nurse shall provide any needed training to those school personnel who agree to administer the medication.
10. A daily record or log shall be kept for each student receiving medication.
11. Each dose of medication shall be charted by indicating the following:
 - date,
 - time given, and
 - signature or initials of person administering the medication.
12. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent/legal guardian.