



## Glenwood Elementary School Medication Administration Authorization Form

This authorization is only valid for the current school year: 2023-2024 including the summer session.

This form must be completed fully for Glenwood Elementary School to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of the medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
  - Non-prescription medication must be in the original container with the factory label intact.
- An adult must bring the medication to school, unless pre-arranged with district staff.
- The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

### Prescriber's Authorization

**Student Name: Student DOB: Grade: Condition medication is being administered for:**

**Medication Name: Dose: Route: Flush details and volume, if applicable:**

**Time/Frequency of Medication: If PRN, frequency:**

**If PRN, for what symptoms:**

**Relevant Medication Side Effects:**  None expected  Specify:

**Medication Duration: to**

Month/Day/Year Month/Day/Year

**Prescriber's Name/Title (Printed):**

**Telephone: Fax: Address:**

**Prescriber's Signature: Date:**

(Original Signature or signature stamp ONLY) (Use for Prescriber's Address Stamp)

### Parent/Guardian Authorization

I/we request designated school personnel to administer the medication as prescribed by the above prescriber. I/we certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/we understand that at the end of the school year, an adult must pick-up the medication, otherwise it will be discarded. I we/authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

**Parent Signature: Date: Daytime Contact Number:**

### Self-Carry/Self-Administration of Medication Authorization/Approval

Self-carry/self-administration of medication (including emergency medications) may be authorized by the prescriber and must be approved by the school nurse.

**Prescriber's authorization for self-carry/self-administration of medication:**

Signature Date

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

Signature Date

**Order/Authorization Reviewed by School RN:**

Signature Date