

**THE PRIMARY DAY SCHOOL**

**AUTHORIZATION TO ADMINISTER MEDICATION FORM**

This form is valid for the school year 2014-2015

**This form must be completed fully in order for The Primary Day 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 a 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 label intact.
- \* An adult must bring the medication to the school.
- \* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

**Prescriber's Authorization**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

For what conditions should this medication be stopped: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_

(Type or print)

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_



Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Original signature or signature stamp ONLY)

(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): \_\_\_\_\_ for the above medication on (Date): \_\_\_\_\_

**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/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Order reviewed by the school RN: \_\_\_\_\_  
Signature Date

## School Year 2014-2015

The following procedure is in effect for medications at The Primary Day School:

### Prescription Medications

- All prescription medication to be given in school must be ordered by a person authorized to prescribe medication. In Maryland an Authorized prescriber is a physician, nurse practitioner, certified midwife, podiatrist, physician's assistant or dentist.
- All medication must be brought into school by the student's parent/guardian. The only exceptions to this rule are Epi pens and inhalers (see below). Only the school nurse will be able to accept medications. Faculty may not accept medications from parents/guardians or students.
- For each medication to be administered a Medication Administration Authorization Form must be completed by the authorized prescriber. A new form is needed for each medication. You may photocopy the form as many times as you need. It can be downloaded from the parent portal web. A doctor cannot "stack" several medications on one form. Maryland regulations do not allow the "stacking" of medication. The parent/guardian's authorization and prescriber's authorization must be indicated in the appropriate space on the form. No medication will be administered without both signatures.
- All prescribed medication must have the following information:
  - Date of order
  - Name of student
  - Diagnosis
  - Name of medication and dosage to be administered
  - Time and route of administration
  - Possible side effects
  - Special requirements such as "take with food"
  - The start and end dates the medication is to be administer
  - Under what circumstances/signs this medication should be discontinued
- All medication must be in the original packaging from the pharmacy with a current readable pharmacy label attached stating the above information. Medication bottles will not be accepted if the label has crossed out items or handwritten items on it. No baggies or envelopes of medications can be accepted.
- No medication is permitted to be carried by the student. The only exception to this are those students who have written authorization from their authorized prescriber and parent/guardian to carry their own Epi pen or inhaler since these both are considered emergency drugs.
- The first dose of any medication is to be given at home. The only exceptions to this are Epi pens or inhalers since these are considered emergency medications.

### For Over-The-Counter (OTC), Homeopathic, Herbal Medications and Vitamin Supplements

- The administration of OTC medications, homeopathic and vitamin supplements will be conducted in accordance with the above guidelines for prescription medication. Herbal medications cannot be administered in the school setting since they are not regulated by the FDA.

Parents can purchase duplicate pharmacy bottles - one for home and one for school. All medications must be given directly to Lois Hendrickson. Other school personnel are not permitted to accept or verify the medications. Lois is on campus Monday through Friday during school hours. If you are unable to drop the medication off during school hours, please call or email Lois to make an alternate appointment.

If you have any questions or concerns, please call Lois Hendrickson at 301 365-4355 ext. 42 or email her at [l.hendrickson@theprimarydayschool.org](mailto:l.hendrickson@theprimarydayschool.org).