

UNIFIED SCHOOL DISTRICT NO. 289

602 Walnut Street
Wellsville, Kansas 66092-8323
Telephone 785-883-2388 Fax Number 785-883-4453

School Year:
20__ - 20__

AUTHORIZATION FOR MEDICATION/PROCEDURE TO BE ADMINISTERED AT SCHOOL & FIELD TRIPS

Part A - Parent to Complete

Name of Student: _____ Date of Birth: _____ Grade/Teacher: _____

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school or on a field trip as indicated by my child's health care provider as described in Part B listed below.

I understand I must provide all

1. Medication in its original labeled container and/or
2. Necessary supplies

I also give permission for communication between the school health professional and the medical prescriber and dispensing pharmacy related to the specific medication/treatment in question, including communication concerning:

1. The prescription or treatment itself – i.e., questions regarding dosage, method of administration, and potential drug interactions.
2. Implementation of the treatment in school – i.e., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule.
3. Student outcomes from the treatment – i.e., questions regarding observed side effects, possible negative reactions, observations of behavior changes in the classroom.
4. Other pertinent issues related to the student's diagnosis, condition, or treatment.

Parent /Legal Guardian Signature

Printed Name of Parent /Legal Guardian

Date

Home Phone

Cell Phone

Work Phone

Parent Designee Name

Parent Designee Cell Phone

Parent Designee Work Phone

Part B - Health Care Provider to Complete

Current Diagnosis(es): _____

MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication / Treatment

Dosage

Time / Frequency

Special Instructions: _____

Signature of Physician/APRN/PA

Printed Name of Physician

Date

Health Care Provider Phone Number

Health Care Provider FAX

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GUIDELINES FOR MEDICATION & PROCEDURES

Medication & Procedure/PSHCS requests must be renewed each school year.

Procedures are:

-prescribed by a health care provider that require specialized training to implement.

-that are necessary to enable the student to attend school and/or programs occurring before/after school and hosted or controlled by the school. Examples of Procedures/PSHCS include injections such as insulin and emergency auto injectors.

The Licensed Registered Professional School Nurse

Regarding non-prescription and prescription medication

1. Must review all medication requests prior to initiating their administration.
2. May designate and train non-nurse school employee(s) to administer medication.
 - a. If at all possible, medications should be taken prior to coming to school or after leaving school under parental supervision.

Regarding Procedures/PSHCS

1. Is responsible to review and process the request for the Procedure/PSHCS.
2. Is involved in the planning and provision of the services.
 - a. The result of this planning will result in the student's own Emergency Medical Plan - EMP.
3. May designate and train non-nurse school employee(s) to perform Procedure/PSHCS.

The Parent/Legal Guardian

Must provide a new **Authorization for Medication/Procedure at School each school year**.

1. The signature of the parent/legal guardian and completion of the Authorization for Medication/Procedure at School authorizes an exchange of information with the school and health care provider/agency.

Regarding non- prescription and prescription medication

1. Must notify the school immediately regarding changes. Any changes in dosage or schedule require a
 - a. new written request from the health care provider
 - b. correctly labeled medication container
2. Will contact the nurse prior to the end of the year to discuss arrangements for transfer of medication.

Regarding Procedure/PSHCS

1. Must notify the school immediately regarding changes.
 - a. Changes require a new written request from the health care provider and approval of the nurse.
2. is responsible for providing, maintaining, servicing and replacing necessary equipment and supplies— i.e., syringes, tubing, glucose tabs, etc.
 - a. Equipment must be correctly labeled with directions for use.
3. Will contact the nurse prior to the end of the year to discuss arrangements for transfer of equipment.

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