

PASCACK VALLEY REGIONAL HIGH SCHOOL DISTRICT

MEDICATION AUTHORIZATION FORM

ADMINISTRATION OF OVER-THE-COUNTER MEDICATIONS

and/or ADMINISTRATION OF PRESCRIPTION MEDICATIONS

Dear Parent/Guardian:

In order for a student to take **any** medications while in school, documentation must be registered with your child's School Nurse. The student's own supply of this medication will be PROVIDED by parent, LABELED with student NAME and PHARMACEUTICAL NAME of the drug and DOSAGE stipulated. Further, ANY CHANGE OF MEDICATION must be documented and provided as required.

NOTE: Parents should be aware that a student holding unauthorized medication (or any drug) is in violation of current school policy regardless of the fact that the medication(s) may be for personal use only (Policy 5131.6 – Substance Abuse).

AUTHORIZATION is hereby granted for the School Nurse to administer over-the-counter/ prescription (circle one) medication, as directed, to the following student:

Student Name: _____

Address: _____ **Telephone:** _____

Diagnosis: _____

Medication / dose/ route / time: _____

For the reason(s) listed: _____

This medication may be (check all that applies):

- Administered by the school nurse: _____
- Administered by the student in the presence of the school nurse - () Inhalers
() Insulin
- Administered by the student independently – The student is proficient in self-administration of this medication: () epinephrine via Epi-Pen
() Inhalers
() Insulin
- Administered by an authorized trained district employee in the absence of the nurse (This applies only in the event of anaphylaxis - if Epi-Pen is primary treatment; does not apply if Benadryl is ordered as first response treatment).
- Stored in the nurse's office. Other designated area: _____
- Kept in the possession of the student: ()Epi-Pen; ()Inhalers; ()Insulin via pump

Physician/DO/Dentist/Nurse Practitioner's Signature: _____

Address: _____ **Telephone:** _____ **Date:** _____

To my knowledge, my child is not allergic to this medication. I hereby release and hold harmless the Pascack Valley Regional High School District Board of Education and its agents and employees from any and all liability for injuries or other damages which may result from the above referenced administration of medications. A student's irresponsible behavior relating to medication may result in his/her forfeiture of the right to self-medicate during school hours.

Parent Signature: _____ **Date:** _____