Authorization for Administration of Medication at School

St. Anne's School 1054 Cedar Street, PO Box 239 Wabasso, MN 56293 507-342-5389, 507-342-5156 (Fax)

In order to give medication (prescription or over-the-counter) during school hours, parents will need to:

- Complete this medication authorization form including a medical provider and parent signature authorizing staff to dispense medication
- Send medication in the original container with a pharmacy label identifying student name, drug, dosage, time(s) medication should be given and provider name. Over the counter medications should be sent in the original container.
- Check box(s) below if student may carry medication (inhaler or injectable epinephrine only).

| Student Name | | Grade | | | | | |
|--|--|---|------------------------|--|--|--|--|
| School | | Teacher | | | | | |
| Medication Administration Order | | | | | | | |
| Medication Name Dose/Route | | Frequency | Dates Covered by Order | | | | |
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| Side Effects/Special Instructions: | | | | | | | |
| Student May Self-carry: | | | | | | | |
| Inhaler ☐ yes ☐ no | | Injectable Epinephrine $\ \square$ yes $\ \square$ no | | | | | |
| Provider Authorization and Signature (MD/PA/NP): | | | | | | | |
| Provider Name | | Date | | | | | |
| Provider Signature | | Phone | | | | | |

Medication Policy

- St. Anne's School implements a standard medication administration policy that all prescription medications to be given in the school setting will require written permission of the student's parent/guardian and physician and authorization by the school nurse.
- Any non-prescription medications (this includes cough drops) will require written permission of the parent/guardian and authorization by the school nurse.
- Prescription medicines must be provided by a pharmacy or physician-prepared bottle. Over-the-counter medications must be in the original container and age appropriate for the student.

PRN/Short-Term Medication Log

| Date | Time | Administered By (initials) | Comments |
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