

Authorization to Administer Medication

Prescription Medication

- All prescription medications to be given in school must be ordered by a person authorized to prescribe medication. In California an authorized prescriber is a physician, nurse practitioner, 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 EpiPens® and inhalers (see below). Only authorized school personnel will be able to accept medications. Faculty may not accept medications from parents/guardians or students.
- For each medication to be administered, a Westerly School "OVER-THE-COUNTER" or "PRESCRIPTION Medical Authorization" form must be completed. Forms can be found below and may be photocopied as needed. Westerly's regulations do not allow the "stacking" of medication on one form. The parent/guardian's authorization and prescriber's authorization must be indicated in the appropriate space.
- **No medication will be administered without both signatures.**

All prescribed medications 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 administered

Under what circumstances/signs should this medication 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 students are permitted to carry medication. The only exceptions are students who have written authorization from their authorized prescriber to carry their own EpiPen® or inhaler since both are considered emergency medications.
- The first dose of any medication is to be given at home. The only exceptions are EpiPens® or inhalers since these are considered emergency medications.

Over-The-Counter (OTC) Medication

- A **parent/guardian must complete** a Westerly School "Over-The-Counter Medication Authorization" form in order for a student to receive OTC medications in the health office as needed.
- **Parents/Guardians must provide OTC medications.** All medications, including OTC, must be given directly to Ms. Mary Jimenez, the school registrar. Other school personnel are not permitted to accept or verify the medications. If you have any questions or concerns, please call Mary Jimenez at 562-981-3151 Ext. 42 or email majimenez@westerlyschool.org.

OVER-THE-COUNTER Medication Authorization

Part I: Completed by an Authorized Parent/Guardian

I hereby request and authorize Westerly School personnel to administer Over-the-Counter (OTC) medications as directed by the parent/guardian (Part II below). I agree to release, indemnify, and hold harmless Westerly and any of its officers, staff members, nurse delegates, or agents from lawsuit, claim, demand, or action against them for administering the following ordered medication(s) to this student, provided the Westerly staff are following the parent's/guardian's order as written in Part II below.

The Parent/Guardian is responsible for providing over-the-counter medications. The child's name must be clearly labeled on the medication.

Student: _____ DOB: _____ Grade: _____

Allergies: _____

Parent or Guardian's Printed Name: _____

Parent or Guardian's Signature: _____ Date: _____

Part II: Completed by an Authorized Parent/Guardian

Any necessary medication that can possibly be administered before or after school should be given outside of school hours. Westerly personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on this form. Please do not use abbreviations.

I have read the above information and assume the responsibilities as required.

Please indicate the medication(s) that you are providing to the school which are to be administered to your child:

<u>Medication</u>	<u>Dosage</u>
<input type="checkbox"/> Tylenol® (Acetaminophen) as indicated for fever, cold symptoms, pain	
<input type="checkbox"/> Motrin®/Advil® (Ibuprofen) as indicated for fever, cold symptoms, pain	
<input type="checkbox"/> Benadryl® (Diphenhydramine HCL) as indicated for allergy	
<input type="checkbox"/> TUMS® (Antacid) for upset stomach	
<input type="checkbox"/> Cough Drops/Throat Lozenges	
<input type="checkbox"/> Other: _____	

Name of Child's Physician: _____

Physician's Address: _____

Physician's Phone: _____

Approved by School Personnel: _____ Date: _____

PRESCRIPTION Medication Authorization**PART I – To be completed by the PARENT/GUARDIAN**

I hereby request and authorize Westerly School personnel to administer medication as directed by the prescriber (Part II below). I agree to release, indemnify, and hold harmless Westerly School and staff members, from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided Westerly School staff are following the prescriber's order as written in Part II below.

I have read the procedures outlined on this form and assume the responsibilities as required.

Student Name: _____ Birthdate: ___/___/___ Grade: _____

If new prescription, the first full day's dosage was given at home on: ___/___/___

List all medication(s) student is taking, including over-the-counter medication(s):

Parent/Guardian Signature _____ Phone Number _____ Date _____

PART II – Must be filled out and signed by an **AUTHORIZED PRESCRIBER****Please use a separate form for each prescription medication**

Any necessary medication that can possibly be administered before and after school should be prescribed. School personnel will, when it is absolutely necessary, administer medication to students during the school day and while participating in outdoor education programs and overnight field trips, according to the procedures outlined on this form.

*See authorization below for self-carry/self and self-administration of emergency medication

Name of Medication (Trade name and/or generic) : _____ Diagnosis: _____

Dosage: _____ Time(s) To Be Given At School: _____

Route of Administration: _____ Effective Dates: From ___/___/___ To ___/___/___

Side Effects: _____

When indicated (signs/symptoms): _____

Frequency of administration: _____

Prescriber's Name (print/type) _____ Phone Number _____

Prescriber's Signature _____ Date ___/___/___

Prescriber's Stamp _____ Date ___/___/___

***Self-Carry/Self-Administration of Emergency Medication Authorization Approval**

Self-carry/self-administration of emergency medication such as inhalers and EpiPens® must be authorized by the prescriber and be approved by school personnel according to the State medication policy:

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

Prescriber's Name (print/type) _____ Date ___/___/___

Prescriber's Signature _____ Date ___/___/___

Authorized School Personnel approval for self-carry/self-administration of emergency medication

Signature _____ Date ___/___/___

PART III- To be completed by authorized school personnel (check boxes as appropriate)

- Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the prescriber's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and physician order are consistent.
- OTC medication is in the original container with the manufacturer's dosage label and safety seal intact.

___/___/___ Date any unused medication is to be collected by the parent/guardian within one week after expiration of the prescriber's order

Authorized School Personnel Signature_____

Date ___/___/___