

Authorization for Dispensing Medication

Dear Health Care Provider and Parent/Guardian:

The medication administration policy of Independent School District #206, Alexandria Public Schools, states that medication will be administered in schools only when a student's health requires medication during school hours. Medications that are administered at school must be in an up-to-date, pharmacy-labeled bottle. Written authorization from the student's parent/guardian and health care professionals are required for prescription drugs. Medications will be kept in a locked cabinet in the school health office and will be administered by or under the supervision of the licensed school nurse. Whenever possible, medication should be given at home.

| Fax Numbers | |
|---------------------------------------|------------------------|
| Alexandria Area HS: 320-762-7749 | Lincoln 320-762-3321 |
| Discovery Middle School: 320-762-8347 | Voyager 320-762-3326 |
| Woodland: 320-762-3301 | Garfield: 320-762-3350 |
| Milona: 218-943-5140 | Carlos: 320-852-7538 |

Sincerely,

Melissa Bright, RN LSN

320-762-2141 ext. 4135

School: _____

Telephone: _____ School Year: _____

Student Name: _____ Birthdate: _____ Grade: _____

| Medication | Condition | Dosage | Time | Route | Possible Side Effects |
|------------|-----------|--------|------|-------|-----------------------|
| | | | | | |
| | | | | | |

*****Please note when ordering meds to be taken during Lunch time:**

Alexandria Area High School depending on the student's lunch period, their lunch time can be between 11:24am-1:32pm and students' lunch period can be different each day based on their A/B day schedule. Discovery Middle School has lunch at 10:30 AM(6th grade) 11:30 AM(7th grade) 12:30 PM(8th grade).

Should this medication be given at school during a 2 hour late start: Yes No

If medication listed above is approved to be given on a 2 hour late start upon arrival at school and is ordered to be given again during midday/lunch time how many hours between doses? _____

Comments: _____

It is medically appropriate for the student to self carry their emergency medication and supplies at all times. (Epi-pens or Asthma inhalers). This student has been trained to self-administer the medication and is capable of doing it safely. Note: self-carry also needs to be approved by the Licensed School Nurse.

_____/_____
Signature
Print Name of Physician/Licensed-Prescriber

_____/_____
Clinic Phone Number
Fax

Parent/Guardian Medication Authorization

Student's name: _____

Birthdate: _____

On 2 hour late start days, do you want your child's medication given when they arrive in the morning?

(will need to have MD orders to include this)

Yes

No

If school gets out early, do you want your child's regularly scheduled midday medications given before leaving school that day? (Medications given if dismissal within 30 minutes of scheduled dosage time)

Yes

No

Field Trips:

When on a scheduled school field trip, the plan will be for a teacher or paraprofessional to give the medications, unless the student's parents are on the field trip.

If your child is on a field trip during regularly scheduled medication times, do you want your child's medications to be sent and given? Yes No

Do you want your child's **Emergency Medications** sent and given as needed, when your student is on a field trip? Yes No

1. I request the listed medication(s) on the medication authorization to be given during school hours as ordered by physician/licensed prescriber.
2. I release school personnel from liability in the event adverse reactions result from taking the medication(s).
3. I will notify the school of any changes in the medication(s). (eg: dosage change, medication discontinued).
A new medication authorization form is required.
4. I give permission for the school nurse to communicate with the child's teachers and other applicable staff about the child's health conditions(s) and the action of the medication(s). May also consult with the above name student.
5. I give permission for the medication to be given by designated personnel delegated by the school nurse.
6. I give permission for my child's healthcare provider to share information with the school nurse for the completion of this order.
7. I give permission for my child to self carry their emergency medication (Epi-pens, asthma inhalers) if deemed medically appropriate per MD orders.
8. I understand prescription medication must be brought to/from the school's health office by the student's parent/guardian.

Parent/Guardian Signature: _____ Date: _____

A new medication authorization is required each school year.