



Students needing to take medication during school hours must follow these guidelines:

- **Provide the school nurse with a completed Medication Authorization Form signed by both the parent/guardian and the healthcare provider.**
- **A new Medication Authorization Form must be completed each school year AND when the medication or dose has changed.**
- **All medication must be in the original container in which it was dispensed by the healthcare provider or pharmacy and be labeled with the correct dose and instructions.**
 - The label must match what is on the Medication Authorization Form.
 - Students taking a medication at both school and home can request 2 separate labeled bottles from the pharmacy to divide the pills to have some at home and school.
 - Students using an inhaler, epinephrine pen or other emergency medications at school can request 2 prescriptions from the healthcare provider in order to have a supply at home and school.
- **School personnel cannot give over-the-counter medications unless prescribed by a healthcare provider. A Medication Authorization Form must be completed.**

Prescribed over the counter medications follow the same guidelines as stated above for prescribed medications. (Over the counter medications include pain medication such as Tylenol, cough medicine, ointments, vitamins and supplements.)
- **Medications ordered three times a day or less, unless time is specified, may not need to be taken at school.** The medication should be given before school, after school and at bedtime.
- ***All unused medication must be picked up by the parent/guardian on the last day of school. All expired medication will be discarded.***

Medication Authorization

to access and use prescribed medications during
school

ONE FORM PER MEDICATION

Student Name _____ Date of Birth _____

Home Address _____ School Year _____ Grade _____

Healthcare Provider to Complete:

Saint Joseph Montessori School urges scheduling doses for times outside of school.

I verify the above student should receive this medication at school for treatment of _____

Medication _____ Dosage _____ Route _____

Administration Time(s) _____ Beginning Date _____ Expiration Date _____ /end of school year

Instructions, precautions, and possible side effects _____

Other medications prescribed to this student (home & school) _____

Healthcare Provider Signature _____ Date _____

Provider Name _____

Practice Address _____

Phone _____ Fax _____

Please fill contact information to left or stamp here

Parent to Complete:

Parent/Guardian Name _____ Phone Numbers _____ or _____

To the Parent or Guardian: The following information is necessary for any student who uses medication in school.

- **Both the parent and healthcare provider portions of this form must be completed.**
- A new Medication Authorization form is required each school year and when there is a change in the medication.
- I authorize the student named above to have access to and use the medication as ordered above.
- I understand the medication must be in the original container and properly labeled with student's name, date, prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to school and will notify the school immediately with any medication changes.
- I authorize the School Nurse to communicate with the student's healthcare provider as needed.
- I give permission for this information to be shared with school staff who supervise my child during the school day.
- I release and agree to hold the Board of Trustees, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature _____ Date _____