

# CLARK SCHOOLS

Name of Student: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

This order is valid only for school year (current) \_\_\_\_\_

**This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of medication.**

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Over the counter medication, when prescribed, must be in the original sealed container with the label intact.
- An adult must bring the medication to the school.
- The school nurse will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

## Prescriber's Authorization

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_ Symptoms \_\_\_\_\_

Relevant side effects if any: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_ (Month/Day/Year)

Medication necessary on 1/2 days? Yes No. Necessary for Class or Field Trips? Yes No

Prescriber's Name/Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION

I/We request the school nurse to administer the medication as prescribed. I/We certify that I/We have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I have discussed with my child's practitioner field trips and early dismissal days. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_