PERMISSION FOR MEDICATION ADMINISTRATION IN SCHOOL AND AT SCHOOL SPONSORED EVENTS

Student’s Name DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Medication

Dosage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage

Route \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Route

Time/Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time/Frequency

Duration Duration

Diagnosis/Reason \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Diagnosis/Reason

Comments/Side-effects \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Comments/Side-effects

If the morning dose usually given at home has been forgotten, the nurse may administer it at school after verbal or written notification from the parent.

 Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AM Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Permission for independent use and carry over the counter preparations (medication in original container)

The above medication is medically necessary during the school day. I assess this student’s functional category to be:

 **Self-Carry**: I attest that this student has demonstrated to me that they can self-administer the medication(s) listed above/below safely and effectively, and may self carry (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support is needed only during an emergency. This order applies to the medications checked.

 **Supervised**: Is *self-directed*, as defined by the ability to: state the name, amount, time and effect of taking/;not taking this medication; demonstrate how to take the medication correctly; and recognize the medication and refuse the wrong medication or dose from an adult. This student may be assisted to take this medication under supervision by the school nurse and /or trained staff.

 **Nurse Dependent**: is not *self-directed* as defined above and requires a licensed health professional to administer this medication in school and at school-sponsored events until the student is able to demonstrate self-direction to the school nurse.

Permission for independent use and carry over the counter preparations (medication in original container)

 Vaseline/Petroleum Jelly or Aquaphor for chapped skin/lips Tums for indigestion

 Aloe Gel or cream for a minor skin irritation Cough drops for sore throat/cough in child with good cough/swallow reflex

 Insect repellent Salt water gargle or rinse for sore throat or mouth sore

 Unscented hand/body moisturizing lotion Bonine or Dramamine for motion sickness

 Calamine lotion/Benadryl for itchy rash or insect bite Ophthalmic saline for contact lenses

 Eye wash for allergy/eye irritation Bactine spray/isopropyl alcohol hydrogen peroxide as antiseptic

 Burn spray/gel/ointment for minor burns Sunscreen

 Other OTC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PCP Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_