



## **PRESCRIPTION MEDICATION PROCEDURES**

Whenever possible the parent or guardian should make arrangements to administer prescription medications at home. However, when a student needs to take medications at school, the following policy will be followed to provide for safe administration of any prescription medication during the school day.

These procedures are supported by MN Statutes, 1998, Chapter 147.16 and the MN Nurse Practice Act, MN Statutes 1998 and 1999, Chapter 148.171-148.285.

*Prior to the administration of any medication, parents must send:*

- 1. Written parent/guardian permission authorizing school personnel to administer medication and physician/authorized prescriber's written order indicating the necessity of the medication (both parents and prescriber will complete form on reverse side).**
- 2. The original labeled container of medication. Over-the-counter medication must be sent in a new, UNOPENED, original container. For prescription medication ask the pharmacist to provide a duplicate LABELED container, one for home and one for school.**

Authorizations need to be renewed annually or whenever the medication changes. Please make a copy of this form or download one from the TTSP website and bring it to your medical provider.

Medication to be administered at school will be kept in a locked cabinet in the health office, unless other arrangements are made with the health office.

Herbal, holistic, homeopathic and/or natural products must be given at home, since the Food and Drug Administration (FDA) does not regulate these products in the same manner as prescription or over-the-counter medication. There is the potential for the products to interact with other substances, medications and foods.

Parents should PICK UP MEDICATIONS FROM SCHOOL AT THE END OF THE SCHOOL YEAR OR WHEN THE STUDENT IS NO LONGER TAKING THAT PARTICULAR MEDICATION.

*Thank you for your cooperation on these medication procedures. Our intent is to insure safety and good health for your child.*

# AUTHORIZATION FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION/TREATMENT AT SCHOOL

## Medication Administration Policy

Written authorization from BOTH the parent or guardian AND the physician or licensed prescriber must be received before ANY medication can be administered. Orders must be renewed annually or whenever the medication changes. The purpose of this consent form is to authorize for the safe and necessary administration of medication and treatments in school and to authorize professional consultation with the prescribing licensed practitioner about this order.

**Note:** Medication is to be supplied in the original UNOPENED over the counter bottle or in the dispensed prescription bottle. Ask the pharmacist to divide prescriptions into 2 completely labeled bottles: one for home and one for school.

**I authorize the Newman School of the Talmud Torah of St. Paul to administer the services as prescribed; and to release information related to the services to the prescribing health professional and/or request information from the prescribing health professional.**

### TO BE COMPLETED BY PRACTITIONER LICENSED TO PRESCRIBE:

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

School The Newman School of the Talmud Torah of St. Paul Grade \_\_\_\_\_

Medical Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_

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

Possible side effects \_\_\_\_\_

Start date \_\_\_\_\_ Stop date \_\_\_\_\_

School has permission to administer a missed dose following parental consent. \_\_\_\_\_

\_\_\_\_\_  
Print Name of Physician/Licensed Prescriber

\_\_\_\_\_  
Signature of Physician/Licensed Prescriber

\_\_\_\_\_  
Physician Clinic Name and Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

1. I request medication to be given at school as prescribed by a physician/licensed prescriber.
2. I release the school personnel from liability in the event of any reaction that results from the medication.
3. I give permission for the school nurse to consult with the above named student's physician/ licensed prescriber regarding any questions that arise relating to the above listed medication or medical condition(s).
4. I give permission to delegated license school personnel to administer medication on field trips.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\*This form must be signed by both the physician/licensed prescriber AND the parent/guardian before medicine will be given