

### **Ponca Public Schools**

# Authorization for Medication or Procedure Administration Board Policy 6910

	Student:	Birthda	te:		
	School:	School	/ear:		
Medication/F	Procedure, which cannot be	managed at home, shall be	administered at school when	the	
	on file at the school:				
<ul><li>Physic</li></ul>	ian's signed and dated author	ization which includes the med	ication/procedure, dosage, rout	Ξ,	
		ige repeat, symptoms, and side	effects.		
	t/Guardian signed and dated a				
<ul> <li>Medication/equipment delivered to school in the original packaging.</li> </ul>					
<ul> <li>A prescription label must be attached to the medication container(s).</li> </ul>					
	<ul> <li>Authorization orders must match the prescription label on the medication container(s).</li> </ul>				
	<ul> <li>Annual renewal of authorization and immediate notification, in writing, of changes.</li> </ul>				
		in a secured area and shall be a			
Medic	al Provider Authorizati	on Section (To be compl	eted by medical provider	.)	
		s under my supervision. I have p		_	
			-		
Name of Medi	cation/mg or procedure	Dosage @ school	Route		
Time given @ :	school				
inne given @	3011001				
Anticipated re	actions/possible side effects				
Obveisions Sign	nature:	Data			
riiysiciai is sigi	iature:	Date:			
hone Numbe	r:	Fax Number			
	<u>Par</u>	ent Authorization Section			
request the a	bove student be given the foll	owing while in school and scho	ol related activities. I understand	l	
		ty for civil damages as a result			
medication/pro	ocedure where the person ad	ministrating the medication/pro	ocedure acts as an ordinary		
easonable pru	ident person would under the	same or similar circumstances	•		
lame of Medi	cation/mg or Procedure	Dosage at Scho	ol Route		
	,	_ 00080 00000	. Route		
child's Physicia	an:				
Parent's Signature:		Date:			
none Number	rs: Home	Work	Cell		
tudent may	may not	carry and/or self-adminis	ter medications at school.		
		-			

APPENDIX B

## Ponca Public School Student Medication Authorization Form

#### **Dear Parent or Guardian:**

Medications should be administered to students by their parents/guardians at home whenever possible. In the event this is not possible, proper written consent must be given to designated school personnel to administer medication. Each medication requires a separate authorization form.

#### For Nonprescription Medications:

Parent/Guardian written authorization is required.

#### For Prescription Medications:

Parent/Guardian written authorization and Practitioner written authorization is required.

No medication will be administered by school personnel or its agents until the consent forms are completed and on file with the school. Medication authorization and administration forms will be kept and stored confidentially.

All medication must be in the original container labeled with the student's name, correct dosage, time and quantity to be given. All prescription medication must be in the original container labeled from the pharmacy. All medication will be kept in a securely locked cabinet or storage area only accessible to those who have been given the authority to administer medications to students. Parents are responsible for bringing medication to school and picking up unused medication within 10 days after the medication is discontinued. Students are not allowed to transport their medication from school. School personnel who administer medications to students will have been provided orientation and training. By law, school personnel may not cut tablets. If your child needs to receive half a tablet, have this done at home or by the pharmacy filling the prescription. Current school policy does not allow non-FDA approved drugs (herbal medication) to be administered at school. Students who selfadminister medication still need to have a medication authorization form on file at school. It is recommended that students carry no more than one-week medication supply. In accordance with the standards of nursing practice, the school nurse may refuse to administer or allow to be administered any medication, which, based on her/his assessment and professional judgment, has the potential to be harmful, dangerous, or inappropriate. In these cases, the school nurse shall notify the parent/guardian and licensed prescriber and the reason for the refusal explained.