

Medication Authorization for School 2023-24

CANNON FALLS SCHOOL DISTRICT HEALTH SERVICES

Phone: 507-263-6800 ext. 1435 High School, ext. 1262 Elementary School

Fax: 507-263-2515 High School 507-263- 4888 Elementary School

Student Name _____ **Birthdate** _____ **Grade** _____

PHYSICIAN:

Medication _____ **Dosage** _____ **Time** _____

Diagnosis _____

Possible side effects _____

Begin Date _____ End Date _____

INHALER USE ONLY: Student has been trained in use of the inhaler and is responsible for self administration and will carry it with him/her. Yes _____ No _____ **(MS/HS only)**

EPI PEN ONLY: **(MS/HS only)** Student has met the criteria to self carry their epi pen to be used in case of anaphylaxis. Yes _____ No _____

Physician Signature _____ **Date** _____

Hospital/Office/Clinic _____ Phone _____

PARENT:

I hereby give permission for my child to receive this medication at school as prescribed by the child's physician. I understand my signature gives permission to School District Health Services staff to contact the signing physician in regard to this medication. Medication administration is a rendered service by the School District and I understand the School District does not assume responsibility for this matter.

Medication _____ **Dosage** _____ **Time** _____

Physician's name _____ Clinic _____

Clinic Phone and address _____

Parent Signature _____ **Date** _____

Other medication your child is currently taking _____

INDEPENDENT SCHOOL DISTRICT 252

Cannon Falls Area Schools

MEDICATION GUIDELINES FOR SCHOOL

- Medications which are required during school hours and which the parent/ guardian is unable to come and administer, must be administered by a school nurse or designee who the nurse has trained and delegated to function in medication administration.
- All medication must be accompanied by specific instructions, when and how it is to be given, for how many days and possible side effects.
- Medications must be FDA approved; no dietary or herbal supplements will be administered.
- Medication to be given in school is to be supplied in the original prescription bottle. A container of the medicine should be prepared by the pharmacist, for school, with the appropriate labeling for school use.
- Written **Parental Permission** is required for all FDA approved medication to be administered at school. Written **Physician Permission** is required for all prescription medication that exceed two weeks school administration, is considered to be a controlled substance, that contains aspirin and any others deemed necessary by the School Nurse.
- All medication will be kept in a locked cabinet and given in the health office except in special circumstances approved by the school nurse.
- **Under no circumstances** will the school supply 'stock' over-the-counter medication such as Tylenol or Advil to students.
- Medication information will be shared with teachers or activity staff as needed to be given on field trips.
- Medication will be given during school hours only.
- Cough drops may be allowed by the teacher, but for younger students, may be kept in the Nurse's Office.
- Student's that carry their own inhalers, or other medications, **MUST** see the school nurse to fill out a self medication contract.