



BRISTOL SCHOOL DISTRICT #1

Being a positive and lasting influence for all!

MEDICATION AUTHORIZATION FORM

ONE MEDICATION PER FORM

Prescription Medication: Health Care Provider to complete. Health Care Provider signature required.

NonPrescription Medication: Parent/Guardian to complete. Parent/Guardian signature required.

Pharmacy label must match order below and medication to be administered as directed

Parent/Guardian signature required.

Student Name: _____ DOB: ____/____/____

Medication: _____

Please check one: _____ Non-Prescription _____ Prescription

Dosage: _____

Route: _____

Time(s) Administered: _____

Reason for Medication: _____

Student may carry medication for Emergency (LIFE SAVING) purposes only ***EPINEPHRINE, RESCUE**

INHALER, GLUCAGON, INSULIN*: PLEASE CHECK ONE: _____ Yes _____ No

Give Medication on: _____ empty stomach _____ full stomach _____ not applicable

Additional directions/symptoms: _____

NOTE: Parent/Guardian signature permits designated school staff to dispense medication to the above student and to contact the health care provider at any time with questions or concerns related to this student's medical condition and medication.

***I have read the "Criteria for dispensing medication" form attached and I hereby agree to give designated school employees permission to give medication to my child according to this criteria. ALL medication MUST be in its original container and labeled with the student's name. Medications provided in anything other than original containers will not be approved for use.

Physician Signature: _____ **Date:** ____/____/____

Physician Name (Please Print): _____

Address: _____ **Phone:** _____ **Fax:** _____

Parent/Guardian Signature: _____ **Date:** ____/____/____

Parent/Guardian Name (Please Print): _____

Daytime Phone Number: _____

****Please sign and return to the school nurse****

CRITERIA FOR DISPENSING MEDICATION

1. **Authorization:** Students requiring medication at school, including herbal and vitamin supplements, shall provide a completed “Medication Authorization Form”. Prescription medications require a signature from both a health care provider and parent/guardian. All prescription pills will need to be counted and signed off with the nurse or qualified health room staff. Nonprescription medications require the parent/guardian signature. The parents must notify the school when the drug is discontinued or for any changes. An updated medication authorization form is required for all changes in medication, dosage, or administration time. All medication authorization forms must be renewed annually. All unclaimed medication at the end of the school year will be disposed of per policy.
2. **Container:** All medication must be supplied in the original container. Prescription medications require the pharmacy label. Nonprescription medication must be in the original container with the directions on the container including student name. All medication shall be kept in a locked cabinet.
3. **Delivery to School:** It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. Any special circumstances regarding delivering medication to school must be sanctioned by the school principal. All unclaimed medication at the end of the school year will be disposed of per policy after written notification to parent/guardian.
4. **Recording of Administration:** It is important that an accurate and confidential system of record keeping be established for each student receiving medication. The physician’s request for medication to be administered during school hours shall be kept on file. The parents/guardian must notify the school when the drug is discontinued or the dosage or time is changed. An updated medication authorization form is required for all changes in medication.
6. **Enforcement of Policy:** School personnel should under no circumstances provide any medication to students-without meeting criteria in 1-4 above. Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of school personnel and should not be practiced by any school personnel.
7. **Parent/guardian responsibility:** It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child.

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