

AUTHORIZATION TO ADMINISTER PRESCRIBED MEDICATION
Release and Indemnification Agreement

PART I - TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Takoma Academy Preparatory School personnel to administer prescribed medication as directed by an authorized prescriber (Part II below). I agree to release, indemnify, and hold harmless TA Prep and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided TA Prep staff are following the authorized prescriber's order as written in Part II below. I have read the procedures outlined on the back of this form and assume the responsibilities as required.

Student Name _____ Birthdate ____/____/____

Prescription: Renewal New

List all medication(s) student is taking, including over-the-counter medication(s): _____

Signature, Parent/Guardian

Telephone

____/____/____
Date

PART II - TO BE COMPLETED BY THE AUTHORIZED PRESCRIBER

Takoma Academy Preparatory School discourages the administration of medication to students in school during the school day. Any necessary medication that possibly can be administered before and after school should be so prescribed. Only non-parenteral medications are administered except in specific emergency situations. School personnel will, when it is absolutely necessary, administer medication to students during the school day while participating in outdoor education programs and overnight field trips, according to the procedures outlined on the back of this form.

PLEASE USE A SEPARATE FORM FOR EACH MEDICATION

Name of Medication: _____ Diagnosis: _____

Trade name and/or generic

Dosage: _____ Time(s) To Be Given At School: _____

Ranges not accepted (i.e. 1 to 2 tabs or 2 to 4 puffs)

Route of Administration: _____ Effective Dates: From ____/____/____ To ____/____/____

Side Effects: _____

If PRN, specify:

When indicated (signs/symptoms) _____

Frequency of administration _____

Ranges not accepted (i.e. every 2 to 4 hours)

Authorized Prescriber's Name (print/type)

Authorized Prescriber Signature

Phone Number

____/____/____
Date

SELF-CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication such as inhalers and epinephrine auto-injectors **must** be authorized by the authorized prescriber and to be approved by the school nurse according to the Maryland State School Health Services Guidelines.

Authorized prescriber's authorization for self-carry/self-administration of emergency medication _____
Signature _____
Date

School Nurse (RN) approval for self-carry/self-administration of emergency medication _____
Signature _____
Date

PART III - TO BE COMPLETED BY THE PRINCIPAL OR SCHOOL NURSE

Check as appropriate:

Parts I and II above are completed, including signatures. (It is acceptable if all items of information in Part II are written on the authorized prescriber's stationery/prescription form)

Prescription medication is properly labeled by pharmacist.

Medication label and authorized prescriber order are consistent.

Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

____/____/____ Date any unused medication is to be collected by the parent/guardian (within one week after expiration of the authorized prescriber's order.)

Principal/School Nurse Signature

____/____/____
Date

INFORMATION AND PROCEDURES

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written authorized prescriber order. This includes both prescription and over-the-counter (OTC) medications.
2. A separate form is required for each medication. This form will include medication; dosage; time to be given; instructions for administering medication; what the medication is for; adverse reactions; physician's name, address, phone number and student's name, address, birthday and phone number.
3. An Authorization to Administer Prescribed Medication form is required for overnight field trips. Students will not be allowed on trips if they have to take medications and they do not have the medication order form.
4. A child cannot carry or self-administer any medications without a doctor's order. If a child is carrying any type of medications without a doctor's order the medication will be confiscated until a parent picks up the medication.
5. Parents are responsible for transporting medication to and from school. At the end of the school year, any unused medication must be collected by parents.
7. The parent/guardian is responsible for completing Part I and obtaining the authorized prescriber's statement on Part II. This is required every school year for each new or continuing order or if there is a change in the dosage or time of administration during the school year. (A authorized prescriber may use office stationery or prescription pad in lieu of completing Part II.) Information necessary includes: student's name, diagnosis, medication name, dosage, time of administration, duration of mediation, side effects, authorized prescriber signature, date.
8. The medication must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either the school nurse or school personnel administer medication brought to the school by the student.
9. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the original container with the manufacturer's dosage label and safety seal intact. Authorized prescriber sample must be appropriately labeled by the authorized prescriber.
10. The first day's dosage of any new non-emergency medication must have been given at home before it can be administered at school.
11. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the authorized prescriber's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
12. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/guardian and not that of TA Prep. Medications without accompanying authorized prescriber's orders and parent/guardian consent will not be stored in the health room.
13. Students may not self-administer controlled substances.
14. An authorized prescriber's order and parent/guardian permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and epinephrine auto injector for anaphylaxis. **The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the school nurse or TA Prep staff members that they have self-administered their inhaler without any improvement or have self-administered an epinephrine auto injector, so 911 may be called.**
15. The school nurse will call the authorized prescriber, as allowed by the Health Insurance Portability and Accountability Act (HIPAA), if a question arises about the student and/or the student's medication.
16. *Authorization to Administer Prescribed Medication, Release and Indemnification Agreement* must be completed for medication administration in school and *Emergency Care for the Management of a Student with a Diagnosis of Anaphylaxis, Release and Indemnification Agreement for Epinephrine Auto Injector*, is preferred for epinephrine auto-injectors.