

**ST. MICHAEL CATHOLIC SCHOOL AND KIDS CLUB  
MEDICATION AUTHORIZATION FORM**

*Physician authorization required for all prescription medications including inhalers and epi-pens, and for over the counter medications if the student dosage is different than the recommended dosage listed on the original medication container. Parent/guardian authorization is required for all medications – prescription, over the counter, inhalers, epi-pens, etc.*

Name of Student	Date of Birth	Grade/Teacher
Medication	Dosage	Time
Start Date	Stop Date	Route

Diagnosis/medical reason for medication: \_\_\_\_\_

Other medications this student is taking: \_\_\_\_\_

Allergies: \_\_\_\_\_

Recommendations and/or unusual side effects: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Clinic: \_\_\_\_\_ Fax: \_\_\_\_\_

**PHYSICIAN MEDICATION AUTHORIZATION**

If authorization is for an inhaler and/or epi-pen, has this student been trained on the proper use of the medication and is the student capable to carry/self-administer? Inhaler: Yes\_\_ No\_\_ Epi-pen: Yes\_\_ No\_\_ N/A\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Physician's Name: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

*See reverse side regarding St. Michael Catholic Schools' medication policy and procedure.*

1. I request that the above medication be given to my child during school and/or Kids Club hours as ordered by his/her physician/licensed prescriber. I also request the medication be given on field trips, as prescribed.
2. I will immediately notify the Health Office of any change in the medication, physician's order, dosage, frequency or stop date.
3. I give permission for the school nurse or health assistant to communicate with other school personnel regarding the use of this medication, as appropriate.
4. I give permission for the school nurse to consult with my child's physician concerning any questions that arise with regard to the above listed medical condition and/or medication, including any possible side effects.
5. I release all school and Kids Club personnel and St. Michael Catholic School/Church from any and all liability in the event of any adverse reaction resulting from the use or administration of this medication.
6. I give permission for the medication to be given by designated personnel as delegated by the school nurse.
7. I understand and authorize my child's health care provider to release or share my child's protected health information regarding this medication.

Please complete for inhaler and epi-pen authorizations: My child has been trained on the proper use of this medication and is capable to carry/self-administer? Inhaler: Yes\_\_ No\_\_ Epi-pen: Yes\_\_ No\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**This authorization will expire at the end of the school year or  
at the end of August for students enrolled in the Kids Club summer program.**

Administration of medication during school and/or Kids Club hours will be completed by the school nurse or other designated persons in a manner consistent with the instructions on the label and authorization form. Only medications required to be taken during the school day and/or Kids Club hours will be administered. Medications prescribed three times per day do not need to be given during the school day unless the student goes to Kids Club, daycare or other after school activities. Students requiring medications during the school day and/or Kids Club hours must have written authorization. Authorization to give prescription medications, including inhalers and epi-pens, must be signed by a physician/licensed prescriber. Over the counter medication in which the student dosage is different than the recommended dosage listed on the original medication container also requires a signed authorization from a physician/licensed prescriber. All medication authorizations must be signed by a parent/guardian. A new authorization must be completed annually and/or when a change in a prescription occurs.

Parents must provide all medications for their children. Prescription medications must be in the pharmacy labeled container and over-the-counter medications must be in their original container. You can ask your pharmacist for a separate container for school, if needed. A new container with a current pharmacy label must accompany each prescription medication change. Medications brought in unlabeled containers, baggies, etc., or without proper authorization will **not** be administered. St. Michael Catholic School and Kids Club personnel will **not** administer dietary supplements, herbal products or products not regulated by the Food and Drug Administration.

Medications administered in school shall be kept in the school health office. Parents/guardians should bring all medications to school themselves. If this is not possible, parents may place the pharmacy labeled medication in a sealed envelope and call the health office to inform them that the student is bringing in the medication. The health office must also be informed how much medication will be in the container. Please remember that medications cannot be transported on a school bus.

Medications are not to be carried by students, kept in student lockers or self-administered, unless documented otherwise in the student's health record. Exception: Students may carry and self-administer inhalers and/or epi-pens if permission to do so is provided by the student's physician and parent/guardian, as indicated on the front of this Medication Authorization Form. The school nurse must also confirm that the student has the knowledge and skills to safely possess and use his/her inhaler and/or epi-pen independently in school.

The health office will not store medications over the summer. Shortly before the end of the school year, a letter will be sent home with options of how you would like to handle any remaining medication. You can have the health office dispose of the remaining medication, you can pick up the remaining medication from the health office, the medication can be transferred to Kids Club personnel, or the health office can place the medication in a sealed envelope and give it to your child providing he/she will not be riding the school bus home.

Please contact the health office with any questions at 763-497-3887, extension 406 or [nurse@stmccatholicsschool.org](mailto:nurse@stmccatholicsschool.org).