



Consent and Orders for Administration of Medication at School

Student: _____ Gender: M F Date of Birth: _____

Parent: _____ Phone: _____ Grade/Teacher: _____

PARENT/GUARDIAN CONSENT FOR SCHOOL NURSE MEDICATION ADMINISTRATION

I give permission to the school nurse to administer medication to the above-named child in accordance with the physician's instructions and receive relevant health and treatment information from the physician. I understand that every effort will be made by school staff to administer the medication in a timely manner. I understand that this medication must be furnished to the school in accordance with school policy outlined on the reverse side of this form. I am aware that medications will NOT be sent on field trips.

Parent's Signature _____ Date _____

LICENSED PROVIDER MEDICATION ADMINISTRATION ORDER TO SCHOOL NURSE

Medication _____ Route _____ Dose _____ Frequency _____

Diagnosis / Purpose _____

Side / Adverse Reaction _____

Emergency Care Plan _____

Provider Signature _____ Date _____

License / DEA# _____ / _____

Practice _____ Phone _____ Fax _____

EMERGENCY MEDICATIONS ONLY – STUDENT CONSENT TO CARRY AND SELF ADMINISTOR

Medication / Rescue Inhaler / EpiPen (circle one)

Parent/Guardian: I give permission for my child to carry and self-administer his/her prescribed emergency medication. I will instruct my child to immediately inform the teacher and school nurse of administration.

Parent's Signature _____ Date _____

Dr./Provider: I request my patient be allowed to carry and self-administer his/her emergency medication. I verify that he/she has adequate knowledge for self-care of the health condition / asthma / anaphylaxis, recognize signs & symptom, understands action plan and taught proper administration of the medication / rescue inhaler/EpiPen. The student patient is thought to be responsible enough to carry his/her medication and use it properly without supervision.

Physician's Signature _____ Date _____

School Nurse: Student must describe health condition, self-care action/reporting, & demonstrate proper technique for approval.

RN Signature _____ Date _____

NEW FORM REQUIRED EACH SCHOOL YEAR, EACH MEDICATION or PRESCRIPTION CHANGES.

GMCS Medication Administration School Policy



GMCS MEDICATION ADMINISTRATION SCHOOL POLICY

Dear Parent/Guardian:

Gettysburg Montessori Charter School recognizes that parents have the primary responsibility for the health of their children and that there are occasions when it is important for the School Nurse to administer medication to students during school hours. When your physician decides it is necessary for your child to receive medication during the school day, his/her signature and specific directions must be provided to the school. The medication (PRESCRIBED OR OVER THE COUNTER) must be brought to school by a parent or other responsible adult, in the original container and must be labeled as follows:

- | | |
|-----------------------|-----------------------------------|
| 1. Name of student | 3. Dosage of medication |
| 2. Name of medication | 4. Time medication is to be given |

All medication will be kept in the health room to ensure safety for your child and other students. Your child will report to the health room when he/she is scheduled to take the medication. Any unused medication will be returned to a responsible adult or destroyed at the end of the school year.

By signing the Consent to Carry and Self Administer Emergency Medication section of this form you, the parent, affirm the following:

1. I authorize Gettysburg Montessori Charter School and its employees to allow my child to possess and use his/her emergency medication /asthma inhaler/EpiPen
 - a. while in school
 - b. while at a school-sponsored activity
 - c. while under the supervision of school personnel
 - d. before or after school hours
2. I agree that my child will demonstrate to the school nurse the proper use and technique for self-administration of the emergency medication /asthma inhaler/EpiPen.
3. I agree that my child will notify the school nurse or qualified school personnel immediately following each use of emergency medication /asthma inhaler/EpiPen.
4. I acknowledge that the school bears no responsibility for ensuring that the medication is taken or properly self-administered. It is recommended for the protection of the child that a second inhaler is kept in the nurse's office in case the student does not have his/her emergency medication /asthma inhaler/EpiPen.
5. I understand that neither the school nor any of its employees shall be held liable for any injury resulting from self-medication, and I agree to indemnify and hold harmless the school, district and its agents against any related claims.
6. I agree that if my child abuses or ignores this privilege, school personnel may confiscate the emergency medication /asthma inhaler/EpiPen, the district will remove my child's privilege to carry the medication, and disciplinary action in accordance with Board Policy will result.

Field Trip Medication Guidelines:

Field trips, before or after school and summer programs and activities present several challenges to the school health program. Schools must be cognizant of the fact that regardless of setting or time of the year, all federal and state laws and regulations, and clinical standards that govern the practice of safe medication administration continue to apply. Dispensing or delegating the administration of medications is not within the scope of the nursing practice; therefore, GMCS nurses are not permitted to dispense medications for field trips with the exception of the emergency medications such as an inhaler or EpiPen.

NEW FORM REQUIRED:

1. EACH SCHOOL YEAR,
2. EACH MEDICATION PRESCRIBED
3. PRESCRIPTION CHANGES.

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