



**CONSENT FORM FOR ADMINISTRATION OF MEDICATION**

**\*\*TO BE RENEWED EACH SCHOOL YEAR/SUMMER SESSION\*\***

**\*\*Before any medication is administered by Community Education PAWS staff this form must be completed and on file \*\***

Pupil's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Home Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

**PHYSICIAN'S ORDER**

I have prescribed the following medication for this child and request the dosages given during program hours be administered by Community Education PAWS Staff.

Medication: \_\_\_\_\_

Dosage and Time \_\_\_\_\_

Instructions for giving medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Diagnosis/Medical reason for medication \_\_\_\_\_

Inhalers & EpiPens: Child has received instruction and permission for self-administration:  Yes  No

PHYSICIAN'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION:**

1. I request that the above medication be given to my child by Community Education PAWS Staff as ordered, by this student's physician.
2. I give permission for Community Education PAWS supervisory staff to consult with the child's physician concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication.
3. I give permission for the school nurse to communicate with appropriate Community Education PAWS Staff about the action and side effects of the medication.
4. I will provide this medication in the original, properly labeled pharmacy bottle.
5. Field trips – I give permission for Community Education PAWS staff to administer the medication on a field trip.
6. I release Community Education PAWS staff from any liability in relation to the administration of this medication. (Administration of this medication will not necessarily be done by the school nurse.)

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**FOR NON-PRESCRIPTION MEDICATION:**

Medication: \_\_\_\_\_ Purpose for giving medication: \_\_\_\_\_

Amount & Frequency: \_\_\_\_\_ (Must follow age and weight appropriate package directions) (age) (weight)

1. I request that the above medication be given to my child during program hours.
2. I will provide this medication in the original, properly labeled container.
3. I release Community Education PAWS Staff from any liability in the relation to the administration of this medication.

PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

**\*OVER\***



## MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances wherein there student's health may be jeopardized without it. Whenever possible administration of medicine should be done at home. (Medicine prescribed 3 times per day can be given before PAWS, after PAWS and at bedtime.)

### **If a new medication is started, the first dose should be given at home.**

1. Administration of prescription medication by Community Education PAWS Staff must only be done according to the written order of a physician and written authorization of parent/guardian. Non-prescription medication will be administered to students only with parent/guardian written authorization.
  - a. Medication will be taken by the student at the designated time supervised by Community Education PAWS staff.
  - b. Mixed dosages in a single container will not be accepted for administration.
2. A new medication consent form is required when the medication dosage or time of administration is changed. New consent forms with appropriate signatures must be received each school year/summer session.
3. When a long term daily medication is stopped, a physician's order is requested.
4. All medications (prescription and non-prescription) should be brought to Community Education PAWS Staff by a parent/guardian in its original container.

The following information must be on the prescribed container label:

  - a. Student's full name
  - b. Name and dosage of medication
  - c. Time and directions for administration must match the authorization form (e.g. 3 times per day is not acceptable)
  - d. Physician's Name
  - e. Date (must be current)
5. Medications are not to be carried by the student and will be kept in a locked cabinet. Controlled substances must never be carried by a student.
6. Students with severe allergies who may need their EpiPen during the program day will be allowed to carry and be responsible for administration of their EpiPen only with written consent from their physician and parent/guardian.
7. Students with asthma who need to use their inhaler during the day will be allowed to carry and be responsible for administration of their own inhaler only with written consent of their parent/guardian.
8. Community Education PAWS staff will not administer medication to children with disabilities through gastrostomy tubes, rectal, injectable or oral routes.