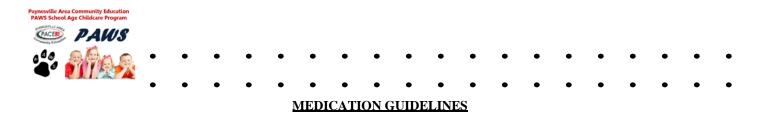
Paynesville Area Community Education PAWS School Age Childcare Program	
PAWS	
CONSENT FORM FOR ADMINISTRATION OF MED **TO BE RENEWED EACH SCHOOL YEAR/SUMMER SESS	
**Before any medication is administered by Community Education PAWS staff this form must be	completed and on file **
Pupil's Name	Birth Date
Home AddressSchoolGrade	eSchool Year
PHYSICIAN'S ORDER	
I have prescribed the following medication for this child and request the dosages given during program	n 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:	YesNo
PHYSICIAN'S SIGNATURE:	Date
PRINT NAME:	
Office Address: Ph	ione
<ol> <li>I request that the above medication be given to my child by Community Education PAWS Staff a</li> <li>I give permission for Community Education PAWS supervisory staff to consult with the child's p that arise with regard to the listed medication, medical condition, or side effects of this medication</li> <li>I give permission for the school nurse to communicate with appropriate Community Education PAWS effects of the medication.</li> <li>I will provide this medication in the original, properly labeled pharmacy bottle.</li> <li>Field trips – I give permission for Community Education PAWS staff to administer the medication</li> <li>I release Community Education PAWS staff from any liability in relation to the administration of (Administration of this medication will not necessarily be done by the school nurse.)</li> </ol>	is ordered, by this student's physician. obysician concerning any questions n. AWS Staff about the action and side on on a field trip.
PARENT/GUARDIAN	DATE
FOR NON-PRESCRIPTION MEDICATION:	
Medication: Purpose for giving medication:	
Amount & Frequency:(Must follow age and weight appropriate package directions)	(age) (weight)
<ol> <li>I request that the above medication be given to my child during program hours.</li> <li>I will provide this medication in the original, properly labeled container.</li> <li>I release Community Education PAWS Staff from any liability in the relation to the administration</li> </ol>	on of this medication.
PARENT/GUARDIAN	DATE

- All + Include All



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.