

2019/2020

AUTHORIZATION TO ADMINISTER MEDICATION



Serving age 18-months through Grade 12

13500 Layhill Road, Silver Spring, MD 20906

301-576-2800 fax: 301-576-2805 www.barrie.org

PART I-- TO BE COMPLETED BY THE PARENT/GUARDIAN

I hereby request and authorize Barrie personnel to administer medication as directed by the physician (Part II below). I agree to release, indemnify, and hold harmless Barrie and its staff members, from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, provided Barrie staff are following the physician'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: _____ Birthdate: ____/____/____ Grade: _____

If new prescription, the first full day's dosage was given at home on: ____/____/____

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

Parent/Guardian Signature Phone Number Date ____/____/____

PART II-- TO BE COMPLETED BY THE PHYSICIAN

Barrie discourages the administration of medication to students in school during the school or camp day. Any necessary medication that possibly can be administered before and after school or camp 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 and while participating in outdoor education programs and overnight field trips, according to the procedures outline 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: _____

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

Side Effects: _____

If PRN, specify:

When indicated (signs/symptoms) _____

Frequency of administration _____

Physician's Name (print/type) Physician's Signature Phone Number Date ____/____/____

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

Self-carry/self-administration of **emergency** medication such as inhalers and EpiPens® **must** be authorized by the prescriber and be approved by the school nurse according to the State medication policy:

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

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

For Camp Only: Parents/Guardians may indicate who is authorized to pick up medication at the end of a camp session. Name of individual/camper authorized to pick up medication: _____

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 physician's stationery/prescription blank.)
- Prescription medication is properly labeled by a pharmacist.
- Medication label and physician order are consistent.
- Over-the-counter medication is in an original container with the manufacturer's dosage label and safety seal intact.

School Nurse Signature Date ____/____/____

Prescription Medications

- All prescription medication to be given in school must be ordered by a person authorized to prescribe medication. In Maryland an authorized prescriber is a physician, nurse practitioner, physician's assistant or dentist.
- All medication must be brought into school by the student's parent/guardian. The only exceptions to this rule are Epi-pens and inhalers (see below). Only the School Nurse or certified medication technicians will be able to accept medications. Faculty may not accept medications from parents/ guardians or students.
- For each medication to be administered a *Barrie School Authorization to Administer Medication Form* must be completed by the authorized prescriber. A new form is needed for each medication. You may photocopy the form as many times as you need. It can be downloaded from the Barrie website. Maryland regulations do not allow the "stacking" of medication on one form. The parent/guardian's authorization and prescriber's authorization must be indicated in the appropriate space on the form. No medication will be administered without both signatures.
- All prescribed medication must have the following information:
 - Date of order
 - Name of student
 - Diagnosis
 - Name of medication and dosage to be administered
 - Time and route of administration
 - Possible side effects
 - Special requirements such as "take with food"
 - The start and end dates the medication is to be administer
 - Under what circumstances/signs should this medication be discontinued
- All medication must be in the original packaging from the pharmacy with a current readable pharmacy label attached stating the above information. Medication bottles will not be accepted if the label has crossed out items or handwritten items on it. No baggies or envelopes of medications can be accepted.
- No medication is permitted to be carried by the student. The only exception to this are those students who have written authorization from their authorized prescriber and parent/guardian to carry their own Epi-Pen or inhaler since these both are considered emergency drugs.
- The first dose of any medication is to be given at home. The only exceptions to this are Epi-Pens or inhalers since these are considered emergency medications.

Over-The-Counter (OTC) Medications

- A *Barrie School Over-The-Counter Medication Authorization Form* is available for a prescribing provider and parent to complete in order for a student to receive OTC medications in the health office as needed.

All medications, including OTC, must be given directly to the School Nurse or to a certified medication technician. Other school personnel are not permitted to accept or verify the medications. If you have any questions or concerns, please call Patricia Ried at 301-576-2814 or email pried@barrie.org.