

# JORDAN SCHOOL DISTRICT NURSING SERVICES SCHOOL MEDICATION AUTHORIZATION FORM

School Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_

## TO BE COMPLETED BY HEALTHCARE PROVIDER:

This order can only be signed by Physician (MD, DO), Dentist, Nurse Practitioner (NP, FNP, PNP, APRN/PP), or Certified Physician's Assistant. **Utah Law (53a-11-501) requires that medication administered during school hours must be medically necessary.**

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**ONLY ONE MEDICATION PER FORM**

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Diagnosis: \_\_\_\_\_

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

Duration To Be Given: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Route: \_\_\_\_\_

Reportable Adverse Reactions/Side Effects: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### MEDICATION SELF-ADMINISTRATION AUTHORIZATION

According to Utah State Law Students are **only** allowed to carry and self-administer epinephrine auto injectors, asthma inhalers and insulin. The above named student is under my care and has been trained in self-administration of the following medication, and is capable of carrying and self-administering the indicated medication:

Auto-Injectable Epinephrine

Inhaler

Insulin

Name of Healthcare Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### PARENTAL RESPONSIBILITIES:

- Parent must furnish the school with a completed *School Medication Authorization Form* prior to any medications being administered by school personnel.
- The medication must be delivered to the school by the parent in the original container, labeled with the child's name, medication, time, dosage, and healthcare provider's name.
- All medication must be delivered to the school by an adult and picked up by an adult within two (2) weeks of last dose given.
- If there is a change in the medication or medication dosage, a new *School Medication Authorization Form* must be completed before school personnel can administer the new medication or new medication dose.

### I UNDERSTAND THAT BY SIGNING THIS FORM:

- I am giving permission to the school personnel to contact the healthcare provider regarding this medication.
- I am giving permission for this medication to be administered by someone other than a licensed nurse who has been appointed by the school administrator.
- (Except in the case of glucagon or auto-injectable epinephrine), school personnel CANNOT administer:
  - the 1<sup>st</sup> dose of a new medication, OR
  - the 1<sup>st</sup> dose of a *dosage change* of any medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Emergency Phone Number: \_\_\_\_\_

District Nurses Signature: \_\_\_\_\_