

**RUTHERFORD COUNTY SCHOOLS
MEDICATION AUTHORIZATION FORM**

**For prescription medicines, all information must match the pharmacy label.*

Name of Student: _____ Grade: _____ DOB: _____

School: _____ Teacher: _____

Name and Strength of Medication (ex: Tylenol 325mg tabs, or Amoxicillin 500mg): _____

**Does medicine contain aspirin/acetylsalicylic acid? Doctor's order required for ALL meds containing aspirin.*

Amount of medicine to be given (ex: 1 tablet, or 5 ml): _____

Route (circle one): oral, sublingual, topical, inhaled, injected (IM / SQ), ophthalmic (eye), otic (ear)

Time(s) of day medication is to be taken: _____

**For prescription medicines, time to be taken must be stated on pharmacy label, i.e., give before meal, give at 12:00, or give at lunch.*

Dates the medicine is to be given (mo./day/yr. through mo./day/yr.): ___/___/___ through ___/___/___

Purpose of medication/What does it treat? _____

Reason medication must be administered during school hours: _____

Possible side effects: _____

Physician's Name: _____ Address: _____

Physician's Phone: _____ Fax #: _____

A LICENSED HEALTH CARE PROVIDER'S SIGNATURE IS REQUIRED IF:

- **A PRESCRIPTION MEDICATION IS TO BE GIVEN FOR LONGER THAN THREE WEEKS,**
- **THE MEDICATION CONTAINS ASPIRIN, OR**
- **IT IS DEEMED NECESSARY BY THE SCHOOL NURSE.**

Signature of Physician / Licensed Health Care Provider Date

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. The school nurse has permission to communicate with the healthcare provider regarding this medication including, but not limited to, orders, clarification of orders, etc. In consideration of the acceptance of the request to perform this service by any person employed by the Rutherford County School System, the undersigned parent or guardian hereby understands and agrees that the Rutherford County School System and its personnel shall not be liable for any injury resulting from the reasonable and prudent administration of medication or the reasonable performance of health care procedures, including the administration of medication (T.C.A. § 49-5-415).

Signature of parent or guardian Date

PRINT Parent / Guardian Name

Phone: (Cell) _____ (Home) _____ (Work) _____

Comments: _____

Medicines - RCS BOE Policy 6.405

If under exceptional circumstances a child is required to take non-prescription or prescription medication during school hours and the parent cannot be at school to administer the medication, only the principal or the principal's designee will assist in self-administration of the medication if the student is competent to self-administer medicine with assistance in compliance with the following regulations:

Written instructions signed by the parent will be required and will include:

1. Child's name;
2. Name of medication;
3. Name of physician;
4. Time to be self-administered;
5. Dosage and directions for self-administration (non-prescription medicines must have label direction);
6. Possible side effects, if known; and
7. Termination date for self-administration of the medication.

The medication must be delivered to the principal's office in person by the parent, guardian, or parent/guardian's adult designee. Volunteer personnel, trained by a registered nurse, may administer glucagon in emergency situations to student based on that student's Individual Health Plan (IHP).

The parent or guardian is responsible for informing the designated official of any change in the student's health or change in medication.

The administrator/designee will:

1. Inform appropriate school personnel of the medication to be self-administered;
2. Keep written instructions from parent in student's record;
3. Keep an accurate record of the self-administration of the medication;
4. Keep all medication in a locked cabinet except medication retained by a student per physician's order;
5. Return unused medication to the parent, guardian and/or parent or guardian's adult designee only. If the medication is not retrieved by the end of the school year it will be disposed of by the school nurse; and
6. Ensure that all guidelines developed by the Department of Health and the Department of Education are followed.

The parent or guardian is responsible for informing the designated official of any change in the student's health or change in medication.

A copy of this policy shall be provided to a parent or guardian upon receipt of a request for long-term administration of medication.

The Director of the School Health Services will develop and implement additional guidelines for the administration of any medications during the school day.

BLOOD GLUCOSE SELF-CHECKS

Upon written request of a parent or guardian, and if included in the student's medical management plan and in the IHP, a student with diabetes may be permitted to perform a blood glucose check or administer insulin using any necessary diabetes monitoring and treatment supplies, including sharps. The student may be permitted to perform the testing in any area of the school or school grounds at any time necessary.

Sharps shall be stored in a secure, but accessible location, including the student's person, until use of such sharps is appropriate. Use and disposal of sharps shall be in compliance with the guidelines set forth by the Tennessee Occupational Safety and Health Administration (TOSHA).

STUDENTS WITH PANCREATIC INSUFFICIENCY OR CYSTIC FIBROSIS

Students diagnosed with pancreatic insufficiency or cystic fibrosis shall be permitted to self-manage their prescribed medication in a manner directed by a licensed healthcare provider without additional assistance or direction. The Director of Schools shall develop procedures for the development of both an Individualized Healthcare Plan (IHP) and an Emergency Care Plan (ECP) that conforms to state law for every student with pancreatic insufficiency or cystic fibrosis that wishes to self-medicate.

All prescription medication must be brought to school in the original container. The pharmacy label must match the instructions on the authorization form. It is recommended that no more than one month's supply of any medication should be brought to school.

All non-prescription medication must be brought to school in the original manufacturer's labeled container with the ingredients listed and the child's name affixed to the container.

Alternative Medications (herbs, herbal supplements, homeopathic medicines, vitamins, traditional or cultural treatments, salves, nutritional supplements, and other products that are not generally considered part of conventional medicine) will not be administered at school. The actions and potential side effects of these products are not readily available to health care providers and cannot be safely administered by school staff.

The school will not accept medications that are not absolutely required during school hours or necessary to provide the student access to the educational program unless exceptional circumstances exist. Examples of medications that should not be brought to school include: Daily/twice daily medications - these can/should be administered outside of school hours, "PRN" (as needed) daily medications for chronic conditions such as ADD/ADHD for which daily doses are administered at home, narcotics, medications on Clinical Trials, medications being administered for reasons/conditions not approved by the FDA or otherwise considered within the standard of care for the condition being treated, or those that are outside established recommended dose limits.