HOLLIDAYSBURG AREA SCHOOL DISTRICT MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT/GUARDIAN

Student Name: _____ **Grade:** _____ **Date of Birth:** _____

School: _____ **School Year:** _____

I give permission for (child name) _____ to receive the stated medication at school according to school medication policy. I release the Hollidaysburg Area School District and its employees from any claim or liability for administering prescribed medication to this student. **I HAVE READ THE INFORMATION OUTLINED ON THE BACK OF THIS FORM AND ASSUME THE RESPONSIBILITIES AS STATED ON THIS FORM.** I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Signature: _____ **Relationship:** _____ **Date:** _____

Home Phone: _____ **Work Phone:** _____ **Emergency Phone:** _____

TO BE COMPLETED BY PHYSICIAN, DENTIST, CRNP, PHYSICAN ASSISTANT

I authorize the school nurse, substitute school nurse, or parent volunteer nurse/physician if on a field trip to administer the following medication:

Student Name: _____ Age: _____

Name of Medication: _____ Allergies: _____

Dosage/Route: _____

Reason for Medication: _____

Time to be given at school: _____

If PRN, for what symptom(s): _____

Side effects: _____

Discontinue(Please check one): _____ end of school year _____ other _____

Physician Signature _____ Date _____

*****Please Note: Any deviation from the scheduled time will require a new order.*****

****** For Self-Administration ONLY ******

TO BE COMPLETED BY PHYSICIAN FOR EMERGENCY MEDICATION (e.g. Inhaler, Epipen) ONLY

Hollidaysburg Area School District permits a student to possess and self-administer emergency medication at school and at school-related functions. Completion of the following information by the authorized prescriber acknowledges that this student has been instructed and has the skills and knowledge on self-administration of this medication.

This student may carry this medication: _____YES _____ NO

Authorized Prescriber's Signature: _____ **Date:** _____

TO BE COMPLETED BY THE STUDENT (FOR ASTHMA INHALER OR EPIPEN ONLY)

I acknowledge that I have been instructed by my medical care provider on the proper use of my inhaler/Epipen. I agree to be solely responsible for my inhaler/Epipen and to follow the directions for its use as ordered by my physician, as well as the district's medication policy. I am aware that any abuse of this privilege will result in the confiscation of my inhaler/epipen.

Student's signature: _____ **Date:** _____

PLEASE SEE REVERSE SIDE FOR FAX NUMBERS AND GUIDLINES

REV/3-22def

GUIDELINES FOR TAKING MEDICATIONS IN SCHOOL

EVERY EFFORT SHOULD BE MADE TO GIVE MEDICATION AT HOME

The following medication guidelines are used by the Hollidaysburg Area School District. These guidelines enable the school health staff to provide the best possible service to your child.

1. Whenever possible, medication should be given at home.
2. The first dose of all new medication must be administered at home.
3. The following scheduled medication times are not given at school and should be given at home:
   a. Once a day
   b. Twice a day (before & after school)
   c. Three times a day (before school, after school, & bed time)

   Medications that are ordered four times a day will require one dose to be given at school.
4. In order for any prescription or over-the-counter medication, including students who are unable to self-apply sunscreen, or herbal remedies to be given at school, the medication must be accompanied by the completed medication Authorization Form (see reverse side).
5. The school nurse will call the prescriber as allowed by HIPAA if a question arises about the child and/or child's medication.
6. Acceptable amounts of medication to be stored at school:
   a. 1 week supply for acute (short-term) illness
   b. 2-4 week supply for chronic (long-term) conditions.
7. All prescription medication must be in the original pharmacist labeled container. Non-prescription medication must be in the original sealed container with the label intact. It is also important to make sure the bottle has a current expiration date on it. Staff may not dispense outdated medication.
8. A parent/guardian or another responsible adult must bring any medication to the nursing office. Medication is to be delivered to the Nurse's Office upon student's arrival at school.
9. All medications are kept in the Nurse's Office in a locked cabinet. The nursing staff will attempt to notify parents/guardians in advance when the child's medication supply is getting low.
10. If your child takes medication in the morning at home, it is important to give it at the same time every day. If your child is coming to school late due to an appointment or a delayed school opening, the morning dose should be given as usual because the school dose will be given at the time ordered. Any deviation from the scheduled time may require a new order.

STUDENTS ARE NOT PERMITTED TO CARRY ANY TYPE OF MEDICATION WHILE AT SCHOOL

ELEMENTARY SCHOOL FAX NUMBERS:

C.W. LONGER 814-695-5091

FOOT OF TEN 814-695-3753

FRANKSTOWN 814- 696-4833

SECONDARY SCHOOL FAX NUMBERS:

JUNIOR HIGH 814-693-3907

SENIOR HIGH 814-696-0167

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