

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 above 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, OR PHYSICIAN ASSISTANT

Student's 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: (Please describe): _____

Please check one of the following:

Discontinue: _____ End of school year _____ Other _____

Authorized Prescriber's Signature: _____ Date: _____

Authorized Prescriber's Name/Title: _____ Phone: _____ Fax: _____

****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 _____

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. In order for any prescription or over-the-counter medication, to be given at school, the medication must be accompanied by the completed medication Authorization Form (see reverse side).
4. The school nurse will call the prescriber as allowed by HIPAA if a question arises about child and/or child's medication.
5. 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
6. 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.
7. A parent/guardian or another responsible adult must bring any medication to the nursing office. Medication is to be delivered to the health office upon student's arrival at school.
8. All medications are kept in the Health Office in a locked cabinet. The health staff will attempt to notify parents/guardians in advance when you child's medication supply is getting low.
9. 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.
10. Antibiotics that are given three times a day are not usually given at school. Please consult your physician before bringing these medications to school.

STUDENTS ARE NOT PERMITTED TO CARRY PRESCRIPTION MEDICATION WHILE AT SCHOOL WITHOUT PRIOR PERMISSION

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 School 814-696-2959
Senior High School 814-696-0167