

Young Scholars of Greater Allegheny Charter School
MEDICATION ADMINISTRATION AUTHORIZATION FORM

- This form is required, by law, for all medications, including non-prescription (over the counter) medications.
- No Medication will be administered without both the prescriber's and the parent/guardian's signatures.
- A separate authorization form is required for each medication.
- A new authorization form must be completed anytime there is a change in medication's strength or time of administration and **at the beginning of each school year**.

PRESCRIBER'S AUTHORIZATION

(This section is to be filled out by the student's MD/DO/PA/NP)

Name of Student: _____ Date of Birth: _____

Medication Name: _____ Strength/Dose: _____

Frequency: _____ PRN? _____ yes _____ no _____ Route: _____

Please indicate the time(s) of day medication is to be administered: _____

Diagnosis or reason for medication: _____

Significant potential side effects: ___None expected

Specify any side effects that are common or expected: _____

If this medication is a rescue Asthma Inhaler, epinephrine auto-injector, or other emergency medication is the student authorized to self-carry/self-administer ? _____yes _____no

Special Instructions: _____

Prescriber's Name/Title (PRINT): _____ Phone: _____

Prescriber's Signature: _____ FAX: _____

PARENT/GUARDIAN REQUEST & AUTHORIZATION:

I request that designated school personnel administer the medication as prescribed by the above listed prescriber. I certify that I have legal authority to consent to medical treatment for the above named student, including the administration of medication at school. I authorize the school nurse to communicate with the above health care provider as allowed by HIPAA.

_____ Check here if you are requesting and approve to have your child self-carry/self-administer his emergency medication as authorized by the above prescriber.

Parent/Guardian Signature: _____ Date: _____

Phone number: _____ Email: _____

The School Nurse must also approve/assess the student's understanding to self-carry/self-administer emergency medication as outlined and approved by Parent and Prescriber.

-Prescription medication must be in the original pharmacy container and labeled to match the above order.

-Non-prescription medication must be in the original container with the label intact.

-It is preferred that an adult bring the medication to school.

-The school nurse will call the prescriber if a question arises about the child and/or the child's medication.