



PERPICH

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL AND DORM

SECTION 1 – STUDENT INFORMATION

Student Name: _____

Date of Birth: _____

Grade: ☐ 11th ☐ 12th

Enrollment: ☐ Commuter ☐ Dorm

SECTION 2 – MEDICATION TYPE (check all that apply)

☐ Prescription Medication: Read & Complete Sections **3, 4** (provider only) and Section **7** (parent sign & consent)

☐ Over-the-Counter (OTC) in **SCHOOL** setting ONLY: Read & Complete Sections **3, 5, and 7**

☐ Over-the-Counter (OTC) in **DORM** setting ONLY: Read & Complete Sections **6 and 7**

☐ Temporary Medication (≤ 14 days; ER/Urgent Care only): Read & Complete Sections **5 and 7**

Note: Temporary prescriptions (≤ 14 days) allowed with After-Visit Summary and parent/guardian consent (Section 7)

Please let us know if your student is currently taking any other medications: ☐ Yes ☐ No

SECTION 3: MEDICATION ADMINISTRATION RECORD: Physician completion required for prescription(s) & scheduled OTC(s) excluding temporary medications (≤ 14 days). Note: List Over-the-Counter medications below for in school self-carry/administer ONLY (Dorm selection of Over-the-Counter medications for staff administration are in Section 6).

Medication	Dosage	Route	Time/Frequency of Administration

SECTION 4: LICENSED PROVIDER ONLY: *Physician completion required continued*

Diagnosis and ICD 10 Codes: _____ Possible side effects: _____

Other considerations/directions: _____

Start Date: _____ Stop Date: _____ (all authorization forms expire at the end of the school calendar year)

Student may self administer (Birth Control & Emergency Medications Permitted by the Dorm & School): ☐

Printed Name of Physician/Licensed Prescriber: _____

Signature of Physician/Licensed Prescriber: _____ Date: _____

Phone Number : _____ Fax Number : _____

PLEASE COMPLETE BOTH SIDES

Office: 763-279-4193 | Fax: 651-797-1623 | Email: nurse@pcae.k12.mn.us

SECTION 5: SCHOOL SETTING ONLY: OVER-THE-COUNTER MEDICATIONS FOR SELF CARRY & ADMINISTRATION

Note: Approval is required from parent/guardian and the Licensed School Nurse for students to carry & self-administer OTC medication per label directions (This does not include prescriptions or controlled substances).

☐ I received nurse training, will not share OTC medication, will store it in my locker, and will take it only as labeled.
Student Initials: _____

☐ I believe my student is competent to self-carry and self-administer OTC medication per label directions.
Parent Initials: _____

☐ I provided OTC training; the student demonstrated understanding and is appropriate to self-carry and self-administer.
Nurse Initials: _____

SECTION 6: DORM SETTING: OVER-THE-COUNTER ADMINISTRATION BY DORM STAFF (Dorm-supplied OTC).

Please check all OTC medications your student is permitted to receive in the dorm:

☐ Acetaminophen ☐ Ibuprofen ☐ Diphenhydramine (Benadryl) ☐ Bacitracin
☐ Cough Drops ☐ Chewable Antacid ☐ Other: _____

SECTION 7 – PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT

SIGNATURE REQUIRED By signing below, I understand and agree to the following:

- ☐ I request that the medication(s) listed above be administered during school and/or dorm hours as ordered.
- ☐ I release school and dorm personnel from liability related to adverse reactions, except in cases of negligence.
- ☐ I will notify the school of all medication changes such: dosage changes, stopping, or starting of any medications.
- ☐ I authorize the Licensed School Nurse to consult with the licensed prescriber as needed and to communicate relevant health information with school staff on a need-to-know basis.
- ☐ I acknowledge receipt and understanding of the **Medication Guidelines** (provided as a separate document).

Parent/Guardian Name (Printed): _____ **Date:** _____

Signature: _____ **Phone Number:** _____

Please read and follow the Medication Guidelines sheet as a reference.

MEDICATION GUIDELINES

HOW TO USE THESE GUIDELINES (Read Only the Sections That Apply to Your Child)

TEMPORARY MEDICATIONS Temporary medications prescribed during an ER or urgent care visit and that are limited to **14 days or fewer** requires:

- **After visit summary** (AVS) with all medications listed
- Authorization for Administration of Medication form completed and signed by parent
- Medication(s) must have pharmacy label & be in original, unexpired container

OVER-THE-COUNTER (OTC) MEDICATIONS AT SCHOOL ONLY

- The school **does not supply** stock OTC medications
- Authorization for Administration of Medication form must be signed by parent/guardian
- Non-prescription medications will be supplied by the parent and brought in the unexpired original container
- 11th–12th grade students may carry and self-administer over-the-counter medications (**up to a 30-day supply**) per label with parent authorization and school nurse approval.
- **IMPORTANT:** Parents who would like over-the-counter medications given on a schedule will need to provide a Medication Authorization Form completed by a physician

OVER-THE-COUNTER (OTC) MEDICATIONS IN THE DORM

- Dorm staff may administer dorm-supplied OTC medications
- Only medications approved in **Section 6 of the Medication Authorization Form** may be given
- Administration follows standard dosing guidelines unless otherwise ordered

PRESCRIPTION MEDICATION REQUIREMENTS

- Medication Authorization Form completed by a licensed provider order with parent/guardian signature
- Medication in the original, labeled pharmacy container including:
 - Student's full name
 - Medication name and dosage
 - Directions and time for administration
 - Prescriber name
 - Current expiration date

Important Notes:

- Mixed dosages in one container are not accepted
- Parents must provide pre-cut tablets if half-doses are required
- Narcotics and medical cannabis are not administered
- If new medication is started, the first dose must be given at home, unless it is a rescue medication
- A new Medication Authorization Form is required for any medication changes
- When a long-term daily medication is stopped, a written physician/licensed prescriber's order is requested

STORAGE, SAFETY, AND SELF-MANAGEMENT

- Medications are stored in a locked cabinet in Health Office unless self-carry is authorized
- Students with asthma or severe allergies may self-carry inhalers or epinephrine with written provider and parent consent and school nurse approval (see pg. 21 of Residential Life Agreement)
- All medications must be FDA approved and unexpired

PARENT/GUARDIAN CONSENT & ACKNOWLEDGEMENT

- Parent/Guardian signature consents & acknowledges that all information on pages 1 & 2 is correct.