

School Year
20____ - 20____



School Fax
316 - _____

**AUTHORIZATION FOR MEDICATION/PROCEDURE
TO BE ADMINISTERED AT SCHOOL & FIELD TRIPS**

Part A - Parent to Complete

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

I grant permission for the school nurse or a delegated staff member to administer medication/treatment to my child at school or on a field trip as indicated by my child's health care provider as described in Part B listed below.

I understand I must provide all

1. medication in its original labeled container
2. necessary supplies

I also give permission for communication between the school health professional and the medical prescriber and dispensing pharmacy related to the specific medication/treatment in question, including communication concerning:

1. the prescription or treatment itself – i.e., questions regarding dosage, method of administration, and potential drug interactions.
2. implementation of the treatment in school – i.e., questions regarding safety concerns, infection control issues, or modifications in the treatment order related to the school setting or student's academic schedule.
3. student outcomes from the treatment – i.e., questions regarding observed side effects, possible negative reactions, observations of behavior changes in the classroom.
4. other pertinent issues related to the student's diagnosis, condition, or treatment.

Parent /Legal Guardian Signature	Printed Name of Parent /Legal Guardian	Today's Date
Home Phone	Cell Phone	Work Phone
Parent Designee Name	Parent Designee Cell Phone	Parent Designee Work Phone

Part B - Health Care Provider to Complete

MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication/Treatment	Dosage / Route	Time / Frequency	Diagnosis / Indication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Instructions: _____

Signature of Physician/APRN/PA	Printed Name of Physician/APRN/PA	Today's Date
Health Care Provider Phone Number	Health Care Provider FAX Number	

This student has demonstrated the skill level necessary to self-administer such medication/treatment.

☐ **Yes** _____
Signature of Physician/APRN/PA Medication(s)/Treatment(s) that can be self-administered

WICHITA PUBLIC SCHOOLS
Division of Student Support Services
DEPARTMENT OF HEALTH SERVICES
GUIDELINES FOR MEDICATION & PROCEDURES
Refer to BOE Policy 5316 & 5317

Medication & Procedure requests must be renewed each school year

Procedures are specialized caretaking tasks

- ❖ that are prescribed by a health care provider that requires specialized training to implement.
- ❖ that are necessary to enable the student to attend school and/or programs occurring before/after school and hosted or controlled by the school. Examples of procedures include injections such as insulin and emergency auto injectors, gastrostomy tube feedings, etc.

The Registered School Nurse (RN)

Regarding over-the-counter and prescription medication

1. must review all medication requests prior to initiating their administration.
2. may designate and train non-nurse school employee(s) to administer medication.
 - a. *If at all possible, medications should be taken prior to coming to school or after leaving school under parental supervision.*

Regarding Procedures

1. is responsible to review and process the request for the procedure.
2. is involved in the planning and provision of the services.
 - a. *This planning will result in the development of an Emergency Action Plan (EAP) when indicated*
3. may designate and train non-nurse school employee(s) to perform the procedure.

The Parent/Legal Guardian –

1. must provide a new *Authorization for Medication/Procedure at School* form each school year.

Regarding over-the-counter and prescription medication

1. must notify the school immediately regarding changes. Any changes in dosage or schedule require a
 - a. *new written request from the health care provider*
 - b. *correctly labeled medication container*
2. will contact the school nurse prior to the end of the year to discuss arrangements for transfer of medication.

Regarding Procedures

1. must notify the school immediately regarding changes.
 - a. *Changes require a new written request from the health care provider and approval of the nurse.*
2. is responsible for providing, maintaining, servicing and replacing necessary equipment and supplies— i.e., syringes, tubing, glucose tabs, etc.
 - a. *Equipment must be correctly labeled with directions for use.*
3. will contact the school nurse prior to the end of the year to discuss arrangements for transfer of equipment.