



Sam Houston State University Charter School

COLLEGE OF EDUCATION

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

MEDICATION AUTHORIZATION FORM

Part I: To be Completed by the Parent/Guardian

We strongly encourage medications to be administered at home. All new medication must be administered at home first. I hereby authorize *Sam Houston State University Charter School* personnel to administer medication to my child as directed below. I agree to release, indemnify, and hold harmless *Sam Houston State University Charter School* and any of its staff from lawsuit, claims, expense, demand, or action against them for administering medication to my child. I am aware medication may be administered by a non-health professional. I have read the procedures outlined on the page entitled *MEDICATION AUTHORIZATION INFORMATION*.

Child's Name: _____ DOB: _____

Medication Name and Prescription #: _____

Date and Duration of Order (maximum is 10 days w/o physician signature): _____

Dosage to be Given: _____ Time Medication is Given: _____

If child is taking more than one medication at a time, list the sequence medications are to be administered.

Symptoms/Conditions from which medication is ordered: _____

Possible Side Effects of Medication: _____

Special Instructions (if any): _____

Parent's Signature

Daytime Phone

Date

Part II: To be completed by a PHYSICIAN for medicine (prescription or non prescription) that is to be administered longer than 10 work days (Example: Inhalers, Epi-pens)

For Epi-pens: Emergency injections may be administered by non-health professionals. For this reason, only pre-measured doses of epinephrine may be administered. It should be noted that these staff members are not trained observers; therefore, they cannot observe for the development of symptoms before administering the injection. I understand that the rescue squad will always be called when epinephrine is injected (whether or not the child manifests any symptoms of anaphylaxis). The following injection will be given immediately after report of exposure to:

Indicate specific allergen and type of exposure (i.e. ingestion, skin contact, inhalation)

Check as appropriate (medication expiration date must be clearly indicated) Epi-Pen/Epi-Pen Jr:

- Give the pre-measured dose by auto injection
- Repeat dose in 15 minutes if rescue squad has not arrived (2 kits needed)

Please select one of the following (for inhalers and epi-pens only):

- I believe it is best for the school staff to carry the medication on his/her person
- I believe this child can use the medication properly in an emergency, and this child may carry the medicine on his/her person.
- The medication listed on this form is a long term medication and may be administered as needed.

Physician's Name and Phone Number

Physician's Signature

Date

Office Use Only

This form is complete and the medication is appropriately labeled. Initials _____ Date _____

The child _____ (has/has not) been approved to carry own Epi-Pen or Inhaler.



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MEDICATION AUTHORIZATION INFORMATION

- 1. Medications should be administered at home whenever possible. All medications to be administered during program hours must have parent/guardian authorization. Some medications also require authorization by a physician (this includes over-the-counter, antibiotic, or antiviral medications that will be taken longer than 10 days or other medications not previously listed). The parent/guardian must transport the medication to school and give it to designated staff.**
- 2. The first dose of any new medication must be given at home.**
- 3. All medications must be properly labeled with the child's name, name of medication, exact dosage to be taken, expiration date, and exact time or frequency dose is to be taken.**
- 4. Medication MUST be in the original container with the prescription label or direction label attached. The form and container must match. Make sure medication has not expired and will not expire during school.**
- 5. Medications may not be accepted by school staff unless the Authorization Form is completed and appropriately signed.**
- 6. The parent/guardian is responsible for submitting a new form each time there is a change in dosage or a change in time when medication is to be administered.**
- 7. All medication is kept in a locked area only accessible to authorized staff.**
- 8. When an authorization for medication expires, the parent/guardian shall be notified that the medication needs to be picked up within 14 days. Any medications that are not picked up by the parent within 14 days will be destroyed.**
- 9. *Sam Houston State University Charter School* does not assume responsibility for unauthorized medication taken independently by the child.**
- 10. Under no circumstances may any staff member facilitate the taking of any medications outside of the procedures outlined here.**
- 11. If repeat doses of Epi-pen injections are in the physician's order, the parent/guardian must supply two Epi-pen kits.**
- 12. Only pre-measured doses of epinephrine may be given by *Sam Houston State University Charter School* personnel**
- 13. The parent/guardian is responsible for submitting a new form whenever there is a change in dosage or a change in the conditions under which epinephrine is to be injected.**