

*Lemoore Union High School District*  
**AUTHORIZATION FOR MEDICATION  
RELEASE & INDEMNIFICATION AGREEMENT**

**Parent or Guardian MUST complete the top section for every medication**

I hereby authorize Lemoore Public Schools personnel to give the medication as directed by this authorization. I agree to release, indemnify, and hold harmless Lemoore Public Schools and any of its officers, staff members, or agents from any lawsuit, claim, expense, demand or action etc., against them arising out of or in connection with assisting this student with the use of medication. I have read the "Procedures for Administering Medication in Schools" on the reverse side and assume the responsibilities as set forth.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Parent/Guardian Printed Name:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Parent Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TO BE COMPLETED BY A LICENSED PRESCRIBER**

Lemoore Public Schools discourage medications to be given to students during the school day. If at all possible please prescribe medications to be taken before or after school. Thank you.

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Time to be given at School:** \_\_\_\_\_ **AM PM and/or BEFORE AFTER** \_\_\_\_\_ **Activity**

**Diagnosis:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Can this medication be administered by unlicensed personnel with proper training? YES / NO**

\*\*If the student is taking more than one medication at school, list the sequence in which medications are to be taken and the length of time between each medication.

\*\*If a medication is to be given on an "as needed" basis, specify the symptoms or conditions when the medication is to be given and the time interval for repeating the dose/medication.

\_\_\_\_\_  
**Physician's Name (please PRINT)**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**NPI #**

**Phone #** \_\_\_\_\_ **Fax #** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HIGH SCHOOL STUDENTS WHO CARRY INHALERS/EPI-PENS**

This student is both capable and responsible to self-administer the above medication. This student may carry his/her inhaler/Epi-Pen at school.

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Student's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

**STAFF USE ONLY**

\_\_\_\_\_  
**School Nurse (RCSN)**

\_\_\_\_\_  
**LVN**

\_\_\_\_\_  
**Other**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Date**

## PROCEDURE FOR ADMINISTERING MEDICATION AT SCHOOL

The goal of the School Health Services in the administration of medications to your child is SAFETY. The right medication and route, to the right student, in the right dose, at the right time. Your help is needed to achieve this goal!

Please arrange to give all doses of medications at home whenever possible. However, if your child needs medication at school follow these 14 steps:

1. A separate Authorization form (reverse) completed by the parent/guardian and licensed prescriber is required for EACH medication. This is valid for no longer than one school year.
2. Faxed copies of the Authorization forms are accepted.
3. Whenever there is a change in medication dose or time of administration a new Authorization form and new labeled medication container are required.
4. When the medication needs to be taken at home **AND** at school, ask the pharmacist for two labeled containers, one for home and one for the school.
5. If your child has special requirements for taking the medication (i.e. with applesauce, medicine needs to be broken in half, and/or the student wants to carry his/her inhaler) please discuss this with the School Nurse.
6. Medication Containers:
  - A. **All prescription medications** must have a pharmacy label with the following information:
    - Time to be given – specify hour or activity (12 noon, after lunch, before PE) **NOT** give as indicated.
    - Child's name
    - Name of medication
    - Physician's name and NPI number. (NPI number may be submitted to DHCS for services rendered within the district.)
    - Dose/Amount to be given
  - B. **All OTC (over-the-counter) medications and physician samples DO NOT** need a pharmacy label **but** parent **MUST**:
    - Complete an Authorization form signed by the Parent/Guardian and Licensed Prescriber.
    - Send the medication to the school in the original container.
    - Write your child's full name on the container.
7. Medications will be given no more than 30 minutes before or after the prescribed time.
8. High School students with asthma may carry and self-administer inhaler with a completed Authorization form on file in the nurse's office. The student and parent/guardian must agree that:
  - The student will not share the inhaler with any other student.
  - The student will carry or keep the inhaler in a secure, concealed place.
  - The student's name must be written on the inhaler.
9. High School students with allergies may carry and self-administer Epi-Pen with a completed Authorization form on file in the nurse's office. The student and parent/guardian must agree that:
  - The student will not share the Epi-Pen with any other student.
  - The student will carry or keep the Epi-Pen in a secure, concealed place.
  - The student's name must be written on the Epi-Pen.
10. Parents/guardians are advised to hand deliver medications with Authorization forms directly to the School Nurse. At your discretion, high school students may deliver their medications and Authorization forms to the School Nurse.
11. Field Trips or other off site school activities (i.e. Outdoor Labs) – Please discuss arrangements for medications with the School Nurse.
12. Unusual medication should be picked up within one week of expiration date of order. After that time, it will be destroyed by School Nurse. Medication should also be picked up at the end of each school year. Failure to do so will result in your medication being discarded by the School Nurse.
13. Inappropriate behavior and/or irresponsible behavior with regard to medication self-administration such as sharing medications with peers, may result in the school administrator informing the parent or guardian and revoking the privilege of self-administration.
14. Student should carry a copy of medication authorization and photo identification at all times.