

Southern Maryland Christian Academy  
MSDE/OCC/CCBOE  
**MEDICATION ADMINISTRATION AT SCHOOL**

Every effort should be made to minimize the administration of medicine in school. If at all possible, parents are urged to administer medication before school and/or after the child returns home. Medication refers to all drugs prescribed by a physician, as well as over-the-counter, nonprescription drugs (i.e., cold/cough preparations, analgesics-Tylenol/aspirin-lotions, cream, ointments-Calamine/Neosporin, antacids, etc.).

To ensure the safe, efficient administration of medications to students, who would otherwise be unable to attend school due to certain illnesses, conditions or diseases, the following procedure is followed. If the physician deems it necessary for a child to receive medication during the school day, parents must provide the school with the following:

- a completed **Medication Administration Authorization Form** containing complete written instructions and signature from the prescribing physician, including the date of the order, identification of drug by name, dose, time and circumstances of administration, length of time medication is to be continued, reason for prescription and possible side effects;

**AND**

- a parent/guardian's signature on the **Medication Administration Authorization Form** that states the desire and gives consent to have medication administered while at SMCA. The parent/guardian's signature relieves SMCA, its agents, employees and/or representatives of any responsibility for ill effects resulting from the proper administration of the prescribed drug. The parent/guardian's signature assures their understanding that an adult must deliver the medication to the school in the pharmacy container with all labeling information intact. Also, the Parent/Guardian signature gives permission to contact the child's prescriber if there is a question regarding this medication administration.

**Medication Administration Authorization Forms** are to be submitted at the beginning of each school year and renewed annually for students on long-term medication (i.e., Ritalin, asthma drugs, etc.), or therapy. These written instructions pertain to all medications (both over-the-counter and prescription). Medication Administration Authorization Forms expire July 31<sup>st</sup> of each year. This form must be kept current. Whenever there is any change in medication or dosage change, the parents must have a new form completed by the physician.

- SMCA encourages parents to provide the school with physician's orders and a three-day supply of critical medications routinely only given at home in case an emergency occurs that requires multi-day sheltering at school.
- Students should receive 24 hours of antibiotics prior to returning to school in order to control the spread of infection.
- SMCA staff will not administer unlabeled medicines.
- Medications carried by students on SMCA property or on SMCA trips without labeling information and the appropriate physician orders will be confiscated and parents will be contacted.
- Parents/guardians need to pick up medications at the end of the school year or they will be discarded.
- Students who self-administer will demonstrate their skill to the school nurse and follow the school medication guidelines.
- Students may ONLY carry albuterol inhalers, Epinephrine and oral glucose on their person in school with permission from the prescriber and parent/guardian. All other forms of medication (prescription and over the counter) will be kept locked in the health room.
- A non-medical and non-nursing person may administer medication(s). If possible, arrange time of dosage so that medication(s) will not have to be given while the child is in school.
- Have the pharmacist divide the prescription medication into two containers, one for home and one for school. A physician's order will be needed for two inhalers and/or two epi-pens.

## Southern Maryland Christian Academy – SY \_\_\_\_\_ MSDE/OCC MEDICATION ADMINISTRATION AUTHORIZATION FORM

This form must be completed fully in order for SMCA staff to administer the required medication (prescription and/or over-the-counter). A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by the pharmacist or prescriber.
- Non-prescription medication must be in the original container with the label intact
- An adult must bring the medication to the facility
- SMCA will not administer the child's first dose.

### PRESCRIBER'S AUTHORIZATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Condition for which the medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_  
(PRN=as needed)

If PRN, for what symptoms: \_\_\_\_\_

Possible side effects – Specify: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year (not to exceed 1 year)

Known Food or Drug Allergies? Yes No If yes, explain \_\_\_\_\_

Prescriber's Name/Title: \_\_\_\_\_

This space may be used for the Prescriber's Address Stamp

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

**Prescriber's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

(Original signature or signature stamp ONLY)

### PARENT/GUARDIAN AUTHORIZATION

I/We request SMCA staff to administer the medication as prescribed by the above prescriber. I attest that I have administered at least one dose to my child without adverse effects. I/We certify that I/we have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I/We understand that at the end of the authorized period, an adult must pick up the medication, otherwise it will be discarded. I agree to review instruction and demonstrate administration to SMCA. I/We relieve SMCA, its agents, employees or representatives of any responsibility for ill effects resulting from the proper administration of this prescribed drug. I/We further agree to give SMCA permission to contact the prescriber if there is a question regarding administration.

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

### SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL

Self-carry/self-administration of **emergency** medication noted above may be authorized by the prescriber.

**Prescriber's Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

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

