

Howard County Public School System

Medication Form/Physician's Order (To Be Completed by Physician/Authorized Health Care Provider)

Student Name: _____	Gender: _____	Date of Birth: _____	Grade: _____	Date of Order: _____
School: _____		Order Expires End of School Year or (date): _____		
Reason for Medication: _____		Order valid for current year including summer school: <input style="width: 40px;" type="checkbox"/>		
Name of Medication: _____		Dose: _____ Strength: _____		
Time to Give Medication: _____		Route: _____		
Possible Side Effects: _____		Frequency of Medication: _____ Date Med. Expires: _____		
Allergies: _____				
Special Instructions: _____				
<input style="width: 40px; height: 20px;" type="checkbox"/> Student may carry and self administer medication for asthma or other airway constricting conditions.				MD initials <input style="width: 40px; height: 20px;" type="text"/>
<input style="width: 40px; height: 20px;" type="checkbox"/> Student may carry and self administer medication for extended day/overnight field trips.				MD initials <input style="width: 40px; height: 20px;" type="text"/>
<div style="border: 1px solid black; height: 30px; width: 100%;"></div> PRINTED PHYSICIAN/PRESCRIBER NAME AND SIGNATURE			<div style="border: 1px solid black; height: 30px; width: 100%;"></div> PARENT/GUARDIAN SIGNATURE	

Medication Administration Record (For School Use Only)

Nurse Reviewed:	Dates Reviewed:																														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															
July																															

Name/Position	Initials	Name/Position	Initials	CODES: Chart reason
_____	_____	_____	_____	X: School Closed FT: Field trip
_____	_____	_____	_____	A: Absent R: Refused
_____	_____	_____	_____	N: None Available O: Omitted
_____	_____	_____	_____	NS: No Show to HR H: Dose Held
Nursing assessment has been completed for student self administration _____				D/C: Med. Discontinued
Student may/may not self administer (circle one) _____				L/E Late Arrival/Early Dismissal
		RN signature	Date	

MEDICATION PROCEDURE INFORMATION

School system requirement for medication administration must be followed in order for students to take medication during school hours and school sponsored events.

1. Parents must provide a written authorization for **any** medicine to be administered. This includes over-the-counter medicine (including medicated cough drops), homeopathic medicine, and prescription medicine.
2. **The first dose of any new prescription must be given at home.**
3. The parent/guardian is responsible for obtaining a written the medication order. The attached medication form/physician's order is preferred. An authorized prescriber (physician, dentist, physician's assistant, nurse practitioner) may use office stationary or a prescription pad instead of completing the attached form. The authorized health care provider must sign the order form. Necessary information includes:

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|-------------------------------------|--|---|
| • Name of student | • Date order expires (Check box if order valid for summer school.) | • Authorized health care provider signature |
| • Date of medication order | • Time and frequency of medication | • Special instructions (including whether or not medication may be self-administered or carried by the student) |
| • Name of medication | • Diagnosis (Reason for administration of medication.) | |
| • Dosage and strength of medication | | |
| • Route of administration | | |

Note: PRN medications should have the **frequency** of repeat doses clearly indicated on the order.

4. Occasionally students may need to self-administer/carry medication such as inhalers or emergency medication. A written medication order, signed by an authorized health care provider, that specifically states that the student may self-administer/carry medication, must be on file in the health room for any student who carries medication throughout the school day.
5. **A new medication order is required for each new school year dated on or after July 1.**
6. The medication should be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
7. All medication must be properly labeled and consistent with the medication order. Pharmacy containers and labeling are preferred; ***a second labeled container can be obtained by asking the pharmacist.*** Parents should label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be on the label:

• Name of the student	• Name of the Medication	• Dosage and strength of the medication
• Date of the medication order	• Route, time, and frequency of the medication	• Authorized health care provider name
8. Over the counter medications must be received in new, unopened containers and be clearly labeled with the student's name.
9. The school nurse must approve the medication order before the first does of medication can be administered at school.
10. The parent/guardian is responsible for submitting a new medication order form to the school each time there is a change of dose or time of administration or route of administration.
11. The parent must provide medication for as long as it is prescribed. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
12. Within one week after expiration of the effective date on physician's order, the parent/guardian must personally collect any unused portion of the medication. Medication not claimed within that period will be destroyed.
13. Expired medication cannot be given. The effective expiration date of a medication is the earlier of either the pharmacy labeled expiration date or the manufacturers expiration date.
14. Each student's confidentiality will be maintained to the extent possible by school staff. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, or in response to other legitimate school related issues or responsibilities. Information will be shared on a need-to-know basis only.
15. Under no circumstances may any school staff administer **any** medication outside the procedures outlined in the Health Services Medication Administration Procedure.
16. The Howard County Public School System does not assume responsibility for medication administered outside of the Health Services Medication Administration Procedure.