



CLARA MOHAMMED SCHOOL STL AUTHORIZATION FOR  
ADMINISTRATION OF PRESCRIPTION MEDICATION

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We encourage parents to make every attempt to have medications administered during non-school hours. However, in the event that it is not possible for medications to be administered at home this Authorization for Administration of Prescription Medication must be completed before the school may give the medication to the student. If your child requires medication during the school day the following rules must be observed:

- All medications must be personally brought into the school by the student’s parent/guardian accompanied by the appropriate required paperwork.
- All prescription medications require written Authorization for Medication Administration, with original signature by the parent and health care provider before the school shall accept the medication.
- Prescription Medication/Treatment must be received in a pharmacy labeled container with the student’s name, healthcare provider’s name, name of pharmacy and phone number, name of medication, directions for dosage and date of prescription.
- School personnel shall not administer medication if there is a change in type, dosage or frequency unless a new written Authorization for Medication Administration with original signature by the parent and health care provider is presented to the school official.

Student’s Last Name	Student’s First Name	Date of Birth	Current Grade
<b>List the condition(s) or disease(s) being treated</b>			
<b>How long will your child need this medication</b>		<b>List your child’s allergies</b>	
<b>Who usually prepares and gives medications at home?</b>		<b>How does your child prefer to take medication?</b>	
<b>Physician’s Name</b>		<b>Physician’s Phone Number</b>	
<b>Pharmacy’s Name</b>		<b>Pharmacy’s Phone Number</b>	



CLARA MOHAMMED SCHOOL STL AUTHORIZATION FOR  
ADMINISTRATION OF PRESCRIPTION MEDICATION (PAGE 1 OF 2)

We encourage parents to make every attempt to have medications administered during non-school hours. However, in the event that it is not possible for medications to be administered at home this Authorization for Administration of Prescription Medication must be completed before the school may give the medication to the student. If your child requires medication during the school day the following rules must be observed:

- All medications must be personally brought into the school by the student’s parent/guardian accompanied by the appropriate required paperwork.
- All prescription medications require written Authorization for Medication Administration, with original signature by the parent and health care provider before the school shall accept the medication.
- Prescription Medication/Treatment must be received in a pharmacy labeled container with the student’s name, healthcare provider’s name, name of pharmacy and phone number, name of medication, directions for dosage and date of prescription.
- School personnel shall not administer medication if there is a change in type, dosage or frequency unless a new written Authorization for Medication Administration with original signature by the parent and health care provider is presented to the school official.

Student’s Last Name	Student’s First Name	Date of Birth	Current Grade
<b>List the condition(s) or disease(s) being treated</b>			
<b>How long will your child need this medication</b>		<b>List your child’s allergies</b>	
<b>Who usually prepares and gives medications at home?</b>		<b>How does your child prefer to take medication?</b>	
<b>Physician’s Name</b>		<b>Physician’s Phone Number</b>	
<b>Pharmacy’s Name</b>		<b>Pharmacy’s Phone Number</b>	

List each medication your child is required to take at school. (Page 2 of 2)

Medication must be in a properly labeled container prepared by a pharmacist (a prescription), or the manufacturer (non-prescription eye drops). The container must contain the student's name, medication name, dose of the medication, and when to take the medication. Ask your pharmacist for a duplicate prescription container at no extra charge for taking the medication to school.

Name of Medication	When	Dose	Route / Administration	Self-Administration?
	<i>Time of day, or what needed for</i>	<i>One tablet, 2 puffs, 1 teaspoonful, 3 drops, etc.</i>	<i>Swallow, inhale in mouth, drops in ear, with food, with a full glass of water, etc.)</i>	<i>Does the student administer This medication by self?</i>
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>List any medications that must be refrigerated:</b>				
<b>Has your child ever had a problem with any of these medications?</b>		<b>Is there anything else you would like us to know about your child &amp; this medicine?</b>		

Consent: As legal parent or guardian, I hereby authorize: (child's name) \_\_\_\_\_ to take the medication that I will provide, and that is listed in the above profile, and further authorize the school to store these medication according to school policies, and assist with administration of the medication as directed. I further agree to inform the school of any changes in the medication, including changes in when the medication is taken, change in the dose, new or different medication, a reaction to the medication, or discontinuation of medication. I further understand that this consent applies to all medication, whether prescribed by a physician, or purchased over the counter without a prescription. I understand that this consent applies for this school year only, and next year I am required to sign another consent form.

<b>Parent's Signature</b>	<b>Parent's Printed Name</b>	<b>Date Signed</b>
<b>Physician's Signature</b>	<b>Physician's Printed Name</b>	<b>Date Signed</b>



CLARA MOHAMMED SCHOOL STL AUTHORIZATION FOR OVER THE  
COUNTER (OTC) MEDICATION ADMINISTRATION

We encourage parents to make every attempt to have medications administered during non-school hours. However, in the event that it is not possible for medications to be administered at home this Authorization for OTC Medication Administration must be completed before the school may give the medication to the student. If your child requires medication during the school day the following rules must be observed:

- All medications must be personally brought into the school by the student’s parent/guardian accompanied by the appropriate required paperwork.
- Over-the-counter (OTC) medication must be received in the original container and labeled with the student’s name and accompanied by an Authorization for Medication Administration. OTC medications do not require the signature of a health care provider. Medicine should be labeled by parent with child’s name and instructions for administration, including time and dosage. A separate form is needed for each medication.
- Absolutely no OTC medications will be administered by school staff to employees without appropriate document, and unless provided by the parents.

Student’s Last Name	Student’s First Name	Date of Birth	Current Grade
<b>List the condition(s) or disease(s) for which this medication is meant to address</b>			
<b>How long is this authorization effective?</b>	<b>Medication</b>	<b>Dosage Amount</b>	
<b>When should the medication be given?</b>	<b>How does your child prefer to take medication? What are the possible side effects, if any?</b>		

I request the designated school personnel to assist my child in the administration of the above described medication. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of the Clara Mohammed School STL, or its personnel, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) this medication must be brought to the school only by a responsible adult; (3) this medication must be in its original labeled container; (4) this medication will be destroyed if it is not picked up within one week following the above stop date or one week after the close of the current school year, whichever occurs first.

Parent’s Signature	Parent’s Printed Name	Date Signed

Non-prescription medication requests must be renewed by the parent/guardian and release signed by the parent/guardian annually. Each medication, or any change in medication, requires a new form. The parent/guardian will be responsible for ensuring that medicines provided for the school have not expired.



AUTHORIZATION TO CARRY AND SELF ADMINISTER  
METERED DOSE INHALER FOR ASTHMA

*A NEW AUTHORIZATION IS REQUIRED EACH YEAR*

Student's Last Name	Student's First Name	Date of Birth	Current Grade
Parent/Guardian		Telephone Number	
Name of Medication		How long is this authorization effective?	
Medication Administration Instructions			

**Parent / Guardian Permission: Clara Mohammed School STL**

I hereby request and give permission for my child to be allowed to carry and self-administer his/her MDI (Metered Dose Inhaler) per Missouri State Statute, while in school and away from school for activities, according to written directions from my child's physician, as outlined below. I will notify the school immediately if the health status of my child changes, we change physicians, we change home, work, or emergency telephone numbers, or there is a change or cancellation of the medication order. I understand that it is my responsibility to ensure that my child has a functioning label inhaler within the expiration date of his/her use.

Option	Yes	No
Student may carry and self-administer the medication	<input type="checkbox"/>	<input type="checkbox"/>

Physician's Signature	Date	Physician's Printed Name	Physician's Phone Number
Parent/Guardian Signature	Date	Principal Signature	Date