

OFFICE OF CATHOLIC SCHOOLS DIOCESE OF ARLINGTON
ANTIHISTAMINE AUTHORIZATION
 Release and indemnification agreement

**PLEASE READ INFORMATION AND
 PROCEDURES ON REVERSE SIDE**

PART I TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request designated school personnel to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless the designated school personnel, or agents from lawsuits, claim expense, demand or action, etc., against them for helping this student use medication, provided the designated school personnel comply with the Licensed Healthcare Provider (LHCP) or parent or guardian orders set forth in accordance with the provision of part II below. I have read the procedures outlined on the back of this form and assume responsibility as required

Medication Renewal New (If new, the first full dose must be given at home to assure that the student does not have a negative reaction.)

First dose was given: Date _____ Time _____

Student Name (Last, First, Middle)	Date of Birth
------------------------------------	---------------

Allergies	School	School Year
-----------	--------	-------------

No LPN or clinic room aide shall administer medication or treatment, unless the principal has reviewed all the required clearances.

_____ _____ Parent or Guardian Signature Date	_____ _____ Daytime Telephone
--	-------------------------------------

PART II TO BE COMPLETED BY LICENSED HEALTH CARE PROVIDER WITH NO ABBREVIATIONS

The school discourages the use of medication by students in school during the school day. Any necessary medication that possibly can be taken before or after school should be so prescribed. Injectable medications are not administered in schools except in specific situations with appropriate forms that comply with LHCP orders and are signed by parent or guardian. School personnel will, when it is absolutely necessary, administer medication during the school day and while participating in outdoor education programs and school crisis situations according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

ALLERGIC REACTION TO: EXPOSURE- INGESTION CONTACT INHALATION STING	SIGNS / SYMPTOMS:
--	-------------------

MEDICATION:	ROUTE:
-------------	--------

DOSAGE TO BE GIVEN AT SCHOOL:	TIMES OR INTERVAL TO BE GIVEN:
-------------------------------	--------------------------------

EFFECTIVE DATE: Start: _____ End: _____	If the student is taking more than one medication at school, list sequence in which medications are to be taken
--	---

COMMON SIDE EFFECTS:

_____ _____ Licensed Health Care Provider (Print or Type) Date	_____ _____ Licensed Health Care Provider (Signature)	_____ _____ Telephone or Fax
---	---	------------------------------------

_____ _____ Parent or Guardian Name (Print or Type) Date	_____ _____ Parent or Guardian (Signature)	_____ _____ Telephone
---	--	-----------------------------

PART III TO BE COMPLETED BY PRINCIPAL, REGISTERED NURSE, LICENSED NURSE OR HEALTH AID

Check ✓ as appropriate:

Parts I and II above are completed including signatures. (It is acceptable if all items in part II are written on the LHCP stationery or a prescription pad.)

Medication is appropriately labeled.
is to be collected by the parent

_____ Date by which any unused medication

(Within one week after
expiration of the physician order
or on the last day of school).

Signature

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

In no case may any health, school, or staff member administer any medication outside the framework of the procedures outlined here in the *Office of Catholic Schools Policies and Guidelines* and *Virginia School Health Guidelines* manual.

Schools do NOT provide medications for student use.

Medications should be taken at home whenever possible. The first dose of any new medication must be given at home to ensure the student does not have a negative reaction.

Medication forms are required for each Prescription and Over the Counter (OTC) medication administered in school.

All medication taken in school must have a parent/guardian signed authorization. Prescription medications, herbals and OTC medications taken for 4 or more consecutive days also require a licensed healthcare provider's (LHCP) written order. No medication will be accepted by school personnel without the accompanying complete and appropriate medication authorization form.

The parent or guardian must transport medications to and from school.

Medication must be kept in the school health office, or other principal approved location, during the school day. All medication will be stored in a locked cabinet or refrigerator, within a locked area, accessible only to authorized personnel, unless the student has prior written approval to self-carry a medication (inhaler, Epi-pen). If the student self carries, it is advised that a backup medication be kept in the clinic.

Parents/guardians are responsible for submitting a new medication authorization form to the school at the start of the school year and each time there is a change in the dosage or the time of medication administration.

A Licensed Health Care Provider (LHCP) may use office stationery, prescription pad or other appropriate documentation in lieu of completing Part II. The following information written in lay language with no abbreviations must be included and attached to this medication administration form. Signed faxes are acceptable.

Student name

Date of Birth

Diagnosis

Signs or symptoms

Name of medication to be given in school

Exact dosage to be taken in school

Route of medication

Time and frequency to give medications, as well as exact time interval for additional dosages.

Sequence in which two or more medications are to be administered

Common side effects

Duration of medication order or effective start and end dates

LHCP's name, signature and telephone number

Date of order

All prescription medications, including physician's samples, must be in their original containers and labeled by a LHCP or pharmacist. Medication must not exceed its expiration date.

All Over the Counter (OTC) medication must be in the original, small, sealed container with the name of the medication and expiration date clearly visible. Parents/guardians must label the original container of the OTC with:

Name of student

Exact dosage to be taken in school

Frequency or time interval dosage is to be administered

The student is to come to the clinic or a predetermined location at the prescribed time to receive medication. Parents must develop a plan with the student to ensure compliance. Medication will

be given no more than one half hour before or after the prescribed time.

Students are NOT permitted to self medicate. The school does not assume responsibility for medication taken independently by the student. Exceptions may be made on a case-by-case basis for students who demonstrate the capability to self-administer emergency life saving medications (e.g. inhaler, Epi-pen)

Within one week after expiration of the effective date on the order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.

Appendix F- 4B, Policy 628

Revised 2016