

# JORDAN SCHOOL DISTRICT NURSING SERVICES SCHOOL MEDICATION AUTHORIZATION FORM

School Year \_\_\_\_\_

Student's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

## TO BE COMPLETED BY HEALTHCARE PROVIDER:

This order can only be signed by Physician (MD, DO), Dentist, Nurse Practitioner (NP, FNP, PNP, APRN/PP), or Certified Physician's Assistant. **Utah Law (53a-11-501) requires that medication administered during school hours must be medically necessary.**  
**ONLY ONE MEDICATION PER FORM**

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_ Duration to be given \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ Route \_\_\_\_\_

Reportable adverse reactions/side effects \_\_\_\_\_

Special instructions \_\_\_\_\_

**Medication Self-Administration Authorization:**       Yes       No

The above named student is under my care. I feel it is medically appropriate and the student is trained and capable to carry and self-administer the following indicated medications at all times:

Inhaler

Insulin

Epi-Pen

Name of healthcare provider \_\_\_\_\_ Phone \_\_\_\_\_

Healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENTAL RESPONSIBILITIES:

- Parent must furnish the school with a completed School Medication Authorization Form prior to any medications being administered by school personnel.
- The medication must be delivered by the parent in the original container, labeled with the child's name, medication, time, dosage, and healthcare provider's name.
- All medication must be delivered to the school by an adult and picked up by an adult within two weeks of last dose given.
- If there is a change in the medication or medication dosage, a new School Medication Authorization Form must be completed before school personnel can administer the new medication.

## I UNDERSTAND THAT BY SIGNING THIS FORM:

- I am giving permission to the school personnel to contact the healthcare provider regarding this medication,
- I am giving permission for this medication to be administered by someone other than a licensed nurse who has been appointed by the school administrator.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Emergency Phone Number \_\_\_\_\_

District Nurses Signature \_\_\_\_\_