

HILLSBORO SCHOOL DISTRICT MEDICATION AUTHORIZATION FORM

Mg per tablet or teaspoon	Name of medication	Student:	Birthdate:	ID #:	School:	Grade:	
Mg per tablet or teaspoon	Mg per tablet or teaspoon		PLE	ASE FILL OUT FOR ALL N	MEDICATIONS		
Physician's name	Physician's phone number Hours between doses Amount in container Given at home in the morning? When Time(s) to be given at school Reason for medication to be given at school Special Instructions Student carrying medication? (Must have a parent's signature on Self-Administration form and a doctor's order to carry prescription medications.) *Over-the-counter medication hereby request and authorize school staff to give this medication in accordance with the instructions provided on the prescriated or OTC label. Staff cannot deviate from the directions provided on the label without a letter from the doctor. I understand the colon staff will not be held liable for administering this medication. *Intermeters. I also authorize the release and exchange of information with the physician regarding this medication. late: Parent Signature: Home phone: Work phone: I have read and received the Medication Authorization Form Information For Parents (parent initials) **REFILL INFORMATION** Rate: Prescription Number: Exp. Date: Count: Staff Initials: Parent Signature: Parent Signature: Parent Signature: **Parent Signa	Name of me	edication	Prescriptic	Prescription number (unless OTC*)		
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White: Student File

Yellow: District Nurse

HILLSBORO SCHOOL DISTRICT 1J

Code: JHCD Adopted: 10/96 Revised: 11/10

Administering Noninjectable Medicines to Students and Self-Medication by Students

The District recognizes that administering of medication to students and self-medication may be necessary when the failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if medication were not made available during school hours. Consequently, students may be permitted to take noninjectable prescription or nonprescription medication at school on a short-term or recurring basis.

When directed by a physician or other licensed health care professional, students in Grades K-12 will be allowed to self administer medication. A medical protocol regarding each student who self administers medication will be developed, signed by a physician or other licensed health care professional, and parent, and kept on file. Permission for self-administered medication may be revoked at any time if the student violates policy or medical protocol.

All requests for the district to administer medication to a student shall be made by the parent in writing. Requests shall include the written instructions of the physician for the administration of a prescription medication to a student or the written instructions of the parent for the administration of a nonprescription medication to a student. A prescription label will be deemed sufficient to meet the requirements for written physician instructions.

The District shall designate school staff authorized to administer medication to students. Training shall be provided as required by law.

The District reserves the right to reject a request to administer prescription or nonprescription medication when such medication is not necessary for the student to remain in school.

This policy and administrative regulation shall not prohibit, in any way, the administration of first aid to students by district employees in accordance with established state law, Board policy, and procedures.

The Superintendent shall develop administrative regulations as needed to meet the requirements of law, Oregon Administrative Rules, and for the implementation of this policy. Regulations will include provisions for student self-medication.

END OF POLICY

Legal Reference(s): ORS 109.640

 ORS 109.640
 ORS 399.870

 ORS 339.867
 ORS 433.805 - 433.830

 ORS 339.869
 ORS 475.005 - 475.285

OAR 581-021-0037 OAR 581-022-0705 OAR 166-400-0010(17) OAR 166-400-0060(29)