

Holland Hall - Authorization for Prescription Medication 2024-25

Includes Epinephrine Auto-Injectors (EpiPens), Rescue Inhalers, Insulin

The school nurse and/or designated school employee, with this authorization form completed by a parent/legal guardian and the physician, may administer prescription medication to a student. **Only medication brought to school in the original pharmacy container properly labeled with the student's name, current date, prescription number, and physician's name will be accepted and administered.** Prescription medication in any other form will be immediately returned. Parents may request the pharmacist dispense two bottles of medication/inhalers, one for home and one for school, if needed.

A new authorization form must be filled out for each medication and/or change of medication and must be renewed each school year. Medication that is not claimed by the end of the school year will be destroyed according to Holland Hall's Medication Policy.

TO BE COMPLETED BY THE PHYSICIAN

Child's name _____ Grade _____

Name of medication (Please use one form per medication) _____

Dosage _____ Time _____

Reason for medication (if ordered prn, please indicate reasons to be given) _____

Restrictions and/or important side effects _____

Allergies to food and/or medication _____

Students 7th - 12th grade may be allowed to carry and self-administer an EpiPen, Rescue Inhaler, and/or Insulin.

- ☐ YES - This student may self-administer. (Student has demonstrated proficient use and understanding of the purpose, method, and frequency of this medication.)
- ☐ NO - This student may NOT self-administer. Parents will provide medication to the school nurse.

Physician's name _____ Phone # _____

Physician's signature _____ Date _____

TO BE COMPLETED BY PARENT/GUARDIAN

I hereby give permission for my child, _____, to receive the above medication at school according to Holland Hall's Medication Policy. I further acknowledge that the Head of School, School Nurse, or the designated school employee(s) shall not be liable to the student or a parent/guardian of the student for civil damages for any personal injuries to the student which result from acts or omissions of the school nurse, administrator, or designated school employees in administering any medicine in accordance with provisions of this section and that this immunity shall not apply to acts or omissions constituting gross, willful, or wanton negligence. I also acknowledge that Holland Hall and its employees shall incur no liability as a result of any injury from the self-administration of medication by my child, if self-administration is indicated above. **Please note: If your child self-carries any of these approved self-administration medications, the parent/guardian is responsible to provide an emergency supply to keep in the nurse's office.**

Parent/Legal Guardian signature _____ Date _____

TO BE COMPLETED BY STUDENT (ONLY if allowed to self-administer EpiPen, Rescue Inhaler, or Insulin)

I understand the proper use and frequency of this medication and I agree to seek help when needed. I also agree to follow the self-administration guidelines and **not share** any medications.

Student's signature _____ Grade _____ Date _____