

IMPORTANT PLEASE READ

Dear Parents/Guardians

If medication(s) is required for administration for next school year (08-23 to 06-24) please remember to follow these important steps:

- Download the appropriate forms from our website. Parents will be able to download the forms from our website, <https://www.amsacs.org/>, as of June 30, 2023. (Click Parents-Health Office-Medical Forms).
- Orders must be written, and are only active, during the current school year. **(Need to be dated after 07-01-23)**
- **Physicians have their own office forms for medication orders and actions plans (allergy/asthma/diabetic/seizure action). It is the parents responsibility to request these forms from your child's physician. Please remember we cannot administer medications without those forms.**
- **Physicians must provide medication orders that include the name of the medication, form of medication (tablet/capsule/ liquid/injection), frequency, times of administration, diagnosis for which medication is being ordered and any side effects or specific directions/information for administration.**
- **Physicians must provide any action plans.** If your child is having medication ordered for allergies/asthma/ diabetes/seizures, then the Physician must supply an Action plan for that specific medication.
- No order can be accepted that is dated before 07-01-23. Please have the physician date the orders accordingly.
- Remember **only one medication per order form.** Please copy or print additional forms from the website if more forms are needed.
- Please review the AMSACS medication administration policy.
- Bring medications to school **before the first day of school** in the original container. You may call the health office **after 08-22--23** to arrange drop off. **No student is allowed to carry any medications to school, even over-the-counter medications.**
- We have included a check list (on the back of this form) for your convenience.

Thank you and have a healthy, happy safe summer ☺

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PARENT MEDICATION CHECK LISTS

Checklist for Required Paperwork for **Epinephrine Orders**

PHYSICIAN TO PROVIDE

1. _____ Physician's Order Form
2. _____ Allergy Action Plans (If your child's MD does not have an action plan he/she must send a note stating they do not have action plan one and why.
3. _____

Parent to Complete:

1. _____ Parent's Permission for Epinephrine Administration
2. _____ Parent's Permission for Antihistamine Administration (if applicable)
3. _____ Epinephrine Contract to carry if applicable
4. _____ Allergy History (Only if your child is entering grade 06 or 09, or entering AMSACS for the first time regardless of grade and/or changes in current plan.)

Checklist for Required Paperwork for **Metered Dose Inhalers**

PHYSICIAN TO PROVIDE:

1. _____ Physician's Order Form
2. _____ Asthma Action Plans (If your child's MD does not have an action plan he/she must send a note stating they do not have action plan one and why.

Parent to Complete:

1. _____ Parent's Permission for Metered Dose Inhaler Administration
2. _____ Metered Dose Contract to carry
3. _____ Asthma History (Only if your child is entering grade 06 or 09, or entering AMSACS for the first time regardless of grade and/or changes in current plan)

Checklist for Required Paperwork for **Other (prescription/Over the Counter) Medications**

PHYSICIAN TO PROVIDE

(Daily/PRN)

1. _____ Physician's Order Form
2. _____ Physicians Action plan, if applicable for Diabetic/Seizure/Panda Medications Only

Parent to Complete:

1. _____ Parent Consent Form

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PARENT/GUARDIAN CONSENT FOR MEDICATION ADMINISTRATION 2023-24

Name of Student _____ Date of Birth: _____ Grade 6 7 8 9 10 11 12

My child is currently receiving the following medications:(please list all medications the child is receiving, including those given during the school day.)

1. _____ 2. _____ 3. _____ 4. _____

My son/daughter has the following food or drug allergies: _____

*******Consent*******

1. I consent to have the school nurse or his/her delegate administer the medication:

Name of medication)

2. I give permission for my child to self-administer medication, if the school nurse determines it is safe and appropriate (check one) _____ yes _____ no

3. I give permission to the school nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my child's health and safety.

4. I agree to provide unexpired medications in the original, properly dated and labeled container. I will keep a dosage count and record of expiration date at home and will deliver refills as needed. I will promptly pick up any unused medications. I understand I may retrieve the medication from the school at any time; however, the medication will be destroyed if it is not picked up within one week following termination of the order or on the last day of this school year.

5. How do you want to handle medication administration during times when your child is attending a field trip? Please be aware that a school nurse are not always available for field trips.

- My child needs this medication on field trips ☐ Yes ☐ No
- When there is not a nurse on the field trip, do you want to be notified? ☐ Yes ☐ No
- When there is not a nurse on the field trip, a parent will attend the Field Trip to administer the medication ☐ Yes ☐ No

6. Please be aware that there is not availability for medication administration during afterschool events (sports/clubs, etc.)

Parent/Guardian Signature

Relationship to student

Date

FOR HEALTH OFFICE USE ONLY

Possible Side effects and Required Storage Conditions: See attached forms. Name of Medication: _____

Date. received _____ amount _____ delivered by _____ expires on: ____/____/____

Location where medication administration will occur: ☐ Health Office ☐ Other (specify): _____

Notes/Information:

Disposition of Medication: ☐ Finished ☐ Returned to parent/guardian ☐ Given to Student ☐ Disposed- Witness _____

Date _____ Date: _____ Date: _____ Date: _____