



Authorization for Non-Prescription Pain Medication (CREO STUDENTS ONLY)

Hand in Hand Christian Montessori

Child's Name _____ DOB: _____ Classroom: _____ School Year: _____
(All authorizations expire at the end of the school year or following the summer school session.)

MEDICATION Circle all that apply	PURPOSE	SPECIAL INSTRUCTIONS
Ibuprofen (school provides)		
Acetaminophen (school provides)		
Other: _____ (Provide medication in the original bottle with a manufacturer's label.)		

Parent/Guardian Medication Authorization (TO BE COMPLETED BY PARENT/GUARDIAN)

1. I request that the above medication be given during school hours for the purpose listed. I also request that the medication be given on field trips if needed.
2. I understand that the medication can only be used as stated on the label.
3. I give permission for the medication to be given by designated staff as assigned, delegated, trained, and supervised by the school nurse/health consultant.
4. I will notify the school in writing of any changes that are made to medication and/or regimen.
5. I give permission for the school health staff to communicate, as needed, with school staff about my child's condition and the action of the medication.
6. I understand that the medication must be a non-prescription pain medication and may NOT contain ephedrine or pseudoephedrine as its sole active ingredient or as one of its active ingredients.

 Parent/Guardian Signature _____ Date _____ Phone #

Medication Administration Record

(TO BE COMPLETED BY SCHOOL STAFF WHEN ADMINISTERING MEDICATION)

DATE	TIME	MEDICATION	DOSAGE	STAFF SIGNATURE	COMMENTS

Information Regarding the Administration of Medication at School

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1. Parents/guardians asking school staff to give a medication must provide written permission every school year that has been signed by the parent/guardian.
2. The student's physician/licensed prescriber must also provide written authorization for all prescription medications and select over-the-counter medications.
3. Prescription medications must come in a container labeled by the pharmacy (*ask the pharmacist to put the medication in two containers if you also need one for home*). The following information must be on the label and match the prescriber's order:
 - a) Child's name
 - b) Name and dosage of medication
 - c) Time/frequency medicine is to be given
 - d) Physician/licensed health care provider's name
4. Over the counter medication must be packaged in an original container with the manufacturer's label intact and clearly indicating dosage, instructions, and ingredients. Please also write your child's name on the container.
5. Medications should be brought to school by a parent/guardian or a responsible adult. If there is any medication remaining after treatment, or at the end of the school year, please make arrangements for it to be picked up. School staff will not send medications home with students.
6. Parents must notify the school in writing if a medication is discontinued.
7. A new medication consent form is required:
 - a) When the dosage or time of administration is changed
 - b) At the beginning of each school year
 - c) If a discontinued medication is restarted
8. The school nurse/health consultant will designate appropriate storage for medications. Medications will not be accessible during non-school hours unless arrangements are made ahead of time with the health office.

We look forward to serving your family! Please email our health services staff at healthoffice@hihcm.org with any questions or special considerations.