



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

CREO

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

MEDICATION Check all that apply	PURPOSE	SPECIAL INSTRUCTIONS
<input type="checkbox"/> Ibuprofen (school provides)		
<input type="checkbox"/> Acetaminophen (school provides)		
<input type="checkbox"/> Other: _____ (Deliver this OTC pain medication to the school in the original bottle)		

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

1. I request that the above medication be given during school hours and for the purposes 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 delegated, trained, and supervised by the school nurse.
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.

Draw and insert signature here

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X Parent/Guardian Signature	Printed Name	Date	Phone #

Medication Administration Record

(TO BE COMPLETED BY SCHOOL STAFF WHEN ADMINISTERING MEDICATION)

DATE	TIME	MEDICATION	DOSE	STAFF SIGNATURE	PRINTED NAME	COMMENTS

Information Regarding the Administration of Medication at HIHCM

1. Parents/guardians asking school staff to give 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) Student'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. The student's name should be written on the container.
5. Medications should be brought to school by a parent/guardian or a responsible adult. If there is any medication left after treatment, or at the end of the school year, the parent/guardian will arrange 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.
9. Therefore, if a student requires access to their medication while participating in any onsite before/after school activities or partner programs, the parent/guardian is responsible for working and coordinating with activity/program staff and HIH Health Services.
10. Whenever possible, medications provided by families should be dye-free.

We look forward to serving your family! Please contact the Health Services staff from your Hand In Hand campus with any questions or special considerations.

