LITCHFIELD SCHOOL DISTRICT
SAU #27- LITCHFIELD, NH 03052

SCHOOL: CHS

Griffin Memorial School	Litchfield Middle School	Campbell High School
229 Charles Bancroft Highway	19 McElwain Drive	1 Highlander Court
603-424-5931	603-424-2133	603-546-0300

AUTHORIZATION TO ADMINISTER MEDICATION AT SCHOOL

According to New Hampshire State regulations, medications .cannot be administered to students at school without written permission from a physician and from the parents/guardians. This regulation also includes over-the-counter (non-prescription) medications; i.e. Tylenol, Advil, and cold preparations.
A new authorization to administer medications form must be completed each school year.

Parents must complete and sign Section A. Physicians must complete and sign Section B.
The completed, signed form and appropriate medications in their original pharmacy containers must be returned to the Nurse's office by an adult. Note: Not more than one month of prescribed medicine may be stored in school.

PARENTAL CONSENT FORM- SECTION A

*Student Name:*_____ *School:* _____ *Grade:*_____

I authorize the (school name) Nurse, designated administrator or staff member, to administer the medication(s) described below to our child in the manner and dosage specifically stated by the physician. The medication must be delivered directly to the School Nurse, Principal or designated staff member by the parent or guardian, if possible, in the original pharmacy label.

Field trip medications must be provided to the nurse in a single dose, pharmacy labeled container prior to the field trip day.

I agree that by signing this request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medication. Please feel free to contact the nurse at your child's school if you have any questions or concerns.

_____ _____
Signature Parent or Legal Guardian *Date*

PHYSICIAN'S ORDER(S)- SECTION B

The following medication(s) has been prescribed for _____ and should be given in the exact manner prescribed.

Medication	Diagnosis	Dosage	

Side effects may include: _____

_____

Allergies: _____

Permission to carry (inhaler/epi-pens): _____

Physician's signature: _____ *Date:* _____

Address: _____ Phone: _____

This order can only be signed by an MD; Dentist; Nurse Practitioner (NP, FNP, PNP, APRN!PP); Certified Physician's Assistant or a provider with prescriptive practice.

Parental Permission to Administer Medications

Name of Student:_____ Date of Birth:_____

Student Weight:_____(OTC meds dose is often determined by weight) Grade: _____

Allergies: _____ Medications Taken at Home: _____

THIS FORM MUST BE RETURNED TO THE HEALTH OFFICE BEFORE ANY MEDICATION WILL BE ADMINISTERED. COMPLETE THE SECTIONS THAT ARE APPLICABLE AND INDICATE N/A ON THOSE THAT ARE NOT APPLICABLE.

Prescription Medications

Before any prescription drugs may be administered to any student, the parent must complete and sign this form and must also submit the Prescription Authorization Form completed by student's medical provider.

Over-the-Counter Medications

Below is a list of over-the-counter medications approved by Campbell High School. Please initial the medications that you will provide and authorize the District to administer to your child as needed.

Parent Initials Medication	**Parent Initials** Medication
Antacids (Rolaids, Turns)	Calamine/Caladryl
Ibuprofen (Motrin, Advil)	Cold/Allergy Medication
Acetaminophen (Tylenol)	Pamprin
Diphenhydramine (Benadryl)	Anbesol
Cough Drops	Midol
Lactaid	Bacitracin Ointment

PROCEDURES FOR ADMINISTRATION OF OTC and PRESCRIPTION MEDICATIONS

A new Parental Permission to Administer Medication form must be completed for each school year and any time there is a change in a student's prescription medication or a change in the approved OTC medications for a student. A new Prescription Authorization form is required if there is any change in the student's prescription medication or dosage.

- All over-the-counter medications must be supplied by the parent to the Health Office and must be in a small original container.
- All prescription medications must be supplied by the parent to the Health Office and must be in a small original container containing the student's name and the required dosage. Parents are responsible for assuring that an adequate supply of the medication is available in the Health Office.
- Any over-the-counter or prescription medications not picked up by the parent by the end of the school year will be disposed of by the school.
- Medication may not be transported by a student and will not be released to a student at any time, other than the dispensing of an authorized dosage.
- Only the School Nurse or other school personnel designated by the School Principal can dispense prescription or over-the-counter (OTC) medicine to students. If the school nurse is unavailable, or if the student is on a field trip, the School Principal or his/her designee may assist the student in taking required medication(s) by making such medication(s) available as needed; and by observing the student as he/she takes or does not take his/her medication.
- The School Nurse, or other designated school personnel, will determine when it is appropriate to administer the OTC medication(s) identified above. The OTC medication will be dispensed in accordance with the specifications on the medication label, unless a note from a physician specifically authorizing a different dosage has been provided to the Health Office.
- Prescription medications will be administered at the times and in the dosages specified on the PRESCRIPTION AUTHORIZATION FORM COMPLETED BY THE MEDICAL PROVIDER.
- Parents are responsible for notifying the school nurse if their child took any medication before school.
- Homeopathic/herbs medication and vitamins will not be administered in the school setting.

PARENTAL CONSENT TO ADMINISTER OVER-THE-COUNTER AND/OR PRESCRIPTION MEDICATION

I have read and understand the above Procedures. I authorize Campbell High School to administer any of the Over-the-Counter or prescription medications to my child during the school day or during school sponsored trips. I understand that my child must assume responsibility of reporting to the Health Office for the medication.

I certify, to the best of my knowledge, that my child does not have an allergy or sensitivity, I will notify the school nurse immediately. This authorization shall take effect on the date listed below and shall stay in effect until I submit a new permission form or revoke permission in writing.

I understand that Campbell High School does not assume responsibility for the effectiveness or adverse effects of any medications provided hereunder and I hereby release Campbell High School and its agents
and employees from all liability, claims, and causes of action for injuries related to the administration of or failure to administer any medication, except for injuries resulting from the district's intentional misconduct
or gross negligence.

Parent Signature: _____Date: _____

HEALTH HISTORY

Family Physician: _____ Tel: _____
Heart Trouble (Explain):_____
Blackouts/Convulsions (Explain):_____
Diabetes (Detail of treatment & control):_____
Asthma or Bronchitis_____
Uses inhaler:_____--Has inhaler with patient: _____
Date of last Tetanus Immunization: _____ Allergies: _____
Bee Sting: _____Penicillin: _____ Food: _____ Environmental: _____
Type of reaction and severity: _____
Epi Pen Use: _____Other: _____
Are there any illnesses for which this child is currently receiving treatment and/or medication?
YES: ____ NO: ____
Please describe and list medications: _____
Please see the nurse to discuss any prescribed medications and fill out the Authorization to Administer Medication at School form on the reverse side.
Please call with any concerns and/or questions. Thank you.

In case of a medical emergency, I hereby authorize any licensed physician, hospital, clinic or other medical facility to hospitalize and secure treatment for my child as named above.

Health Insurance Co: _____Policy No.:_____

_____ _____
Signature of parent/Guardian Date