

STATE OF LOUISIANA MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

(In most instances, medications will be administered by unlicensed personnel.)

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.

Student's Name _____ Birthdate _____

School _____ Grade _____

Parent or Legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____ Date: _____

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE.

1. Relevant Diagnosis(es): _____
2. Student's General Health Status: _____
3. Medication: _____
4. Strength of medication: _____ Dosage (amount to be given): _____

Check Route: By mouth By inhalation Other _____

Frequency _____ Time of each dose _____

School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.

5. Duration of medication order: Until end of school term Other _____
6. Desired Effect: _____
7. Possible side-effects of medication: _____
8. Any contraindications for administering medication: _____
9. Other medications being taken by student when not at school:

10. Next visit is: _____

Prescriber's Name (Printed) _____ Address _____ Phone and Fax Numbers _____

Prescriber's Signature _____ Credential (i.e., MD, NP, DDS) _____ Date _____

Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medications orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.

PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE.

Inhalants / Emergency Drugs

Release Form for Students to be Allowed to Carry Medication on His/Her Person

Use this space only for students who will self-administer medication such as asthma inhaler.

1. Is the student a candidate for self-administration training? Yes No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? Yes No
3. If training has not occurred, may the school nurse conduct a training program? Yes No

Licensed Provider's Signature

Date

OVER

St. Aloysius Catholic School

Parent/Legal Guardian Consent for Medication Administration at school

NOTE: State of Louisiana Medication Order Form is also required for medications to be administered at school.

Name of Student: (print) _____ Birth date: _____ Homeroom: _____
Name of Parent/Guardian: _____ Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
List ALL medications to be given at school: _____
List ALL allergies for this student: _____
Other medications taken at home: _____
Special instructions for giving medication: _____

1. Have you received and understand the SAS School Medication Policy? Yes _____ No _____
2. Do you give permission for the school nurse to share with designated unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary? Yes _____ No _____
3. Do you understand that you may retrieve the medication from school at any time? Yes _____ No _____
4. Do you understand that medication will be destroyed if not picked up within one week following the end of the school term, or when medication has been discontinued? Yes _____ No _____
5. Have you administered a dose at home and observed your child for 24 hours for an adverse reaction, before the medication can be given at school? Yes _____ No _____
6. Do you consent for a teacher or other non-licensed personnel of SAS to administer medication(s) on a field trip? (Please notify the school nurse at least one day prior to a field trip.) Yes _____ No _____

Answers to the above questions must be "yes" before medication can be administered at school.

Complete the following section ONLY if the Physician Medication Order (Part 3) is completed,

AND you wish for your child to CARRY HIS/HER OWN emergency medications (inhaler/epinephrine) at school:

1. Do you give permission for your child to carry and self-administer emergency medication(s) if the school nurse determines that it is safe and appropriate in the school setting? Yes _____ No _____
2. Do you believe that your child is sufficiently responsible and informed to self-administer his/her own medication? Yes _____ No _____
3. Do you assume responsibility for your child's actions regarding his/her self-management of medication in the school setting? Yes _____ No _____
4. Has your physician completed Part 3 of the Physician Medication Order? Yes _____ No _____

Answers to the above questions must be "yes" before SAS will allow a student to carry emergency medications. The state of Louisiana laws ONLY allows self-administration of EMERGENCY medications. (Inhalers/Epinephrine).

I understand and agree that St. Aloysius Catholic School and its employees are not responsible for any unintentional mistakes or oversights in keeping or giving my child medication. I agree to hold the school employees free and harmless from liability from injuries that might occur as a result of the administration of medication(s) to my child.

Signature of Parent/Guardian

Date