



Instructions: IEA is devoted to the health and wellness of each student. IEA will comply with applicable state and federal laws regarding the administration of medication to students by IEA personnel. Accordingly, authorized IEA personnel may provide assistance in the administration of medication to students of IEA during periods when the student is under IEA’s control. The IEA Director will consult with the local health department and/or a registered healthcare professional for assistance in developing procedures and training necessary for effective implementation. Authorization for administration of medication by IEA personnel may be withdrawn by IEA at any time following written or verbal notice to the student’s parent(s)/guardian(s), as long as this action does not conflict with federal laws such as IDEA and/or Section 504. The IEA Director may withdraw authorization for administration of medication in cases of noncompliance or lack of cooperation by parent(s)/guardian(s) or students unless the student’s right to receive medication at school is protected by laws such as IDEA or Section 504. Tylenol (acetaminophen) or Motrin (ibuprofen) may be administered at school only if prior parent(s)/guardian(s) permission has been given through this signed *Authorization for Student Medication* form. Providing this written parent(s)/guardian(s) permission have been given, designated school personnel may give acetaminophen or ibuprofen to students with the following symptoms: fever (100 degree F or above) after the parent(s)/guardian(s) has been notified to pick up their student, dysmenorrhea (menstrual cramps), headache, or toothache. Students may possess and self-administer asthma medication, epinephrine, and/or diabetes medication, as the case may be, if:

- The student’s parent(s)/guardian(s) signs a statement authorizing the student to self-administer the medication and acknowledges that the student is responsible for, and capable of, self-administering the medication; and
- The student’s healthcare provider provides a written statement that it is medically appropriate for the student to self-administer the medication and be in possession of the medication at all times and the name of the medication prescribed for the student’s use is clearly designated. IEA will provide this form for such requests.

If a student is unable to self-apply sunscreen, an IEA employee may apply the sunscreen on the student if the student’s parent(s)/guardian(s) has provided written consent on this form. No specialized medication shall be given unless this form is completed and signed by the parent(s)/guardian(s) and/or a physician, a physician’s assistant, or an advanced practice nurse. Students are NOT PERMITTED to have any type of medication in their possession with the exception of those who require a rescue inhaler, an EpiPen, or diabetic care supplies. Both prescription and non-prescription over-the-counter medication needed during school or school related functions must to be turned in to the IEA Main Office and must be contained in their appropriately labeled container dispensed by the physician or pharmacy.

Student Full Name: _____

Date of Birth/Grade: _____

Parent(s)/Guardian(s) Full Name: _____

Parent(s)/Guardian(s) Contact Information: _____



Non-Prescription Medication Release

I give consent for IEA personnel to administer the following non-prescription medication(s) per product label (please initial by each medication allowance):

Tylenol (Acetaminophen)	Parent(s)/Guardian(s) Initials:
Motrin (Ibuprofen)	Parent(s)/Guardian(s) Initials:
Sunscreen	Parent(s)/Guardian(s) Initials:
Other:	Parent(s)/Guardian(s) Initials:

Parent(s)/Guardian(s) Signature: _____

Prescription Medication Release

My signature requests and authorizes the following medication to be given to my child during school hours. I release IEA personnel from any liability involved with administering this medication according to the instructions below. I understand that this form is valid only with a licensed medical provides signature. I authorize that I will communicate with IEA to ensure safe administration of the medication. I understand that this authorization is in effect for one school year and a new form must be signed by a medical provider each school year. I give consent for IEA personnel to administer the following prescription medication(s) per product label and/or physician's instructions (please use additional forms if there are more than the allotted medications space):

Medication #1:	Diagnosis:	Dosage/Time/Method:	Potential Side Effects:
Medication #2:	Diagnosis:	Dosage/Time/Method:	Potential Side Effects:
Medication #3:	Diagnosis:	Dosage/Time/Method:	Potential Side Effects:
Medication #4:	Diagnosis:	Dosage/Time/Method:	Potential Side Effects:

Parent(s)/Guardian(s) Signature: _____

Physician Name: _____

Physician Contact Information: _____

Physician Signature: _____

Additional Physician Notes: _____



Student Self-Administration

Only asthma inhalers, epinephrine, and diabetic medications and supplies can be carried by a student at school. The following must only be carried by the student and must be kept with the student at all times (please initial by each medication allowance):

Asthma Inhaler	Parent(s)/Guardian(s) Initials:
Epinephrine/EpiPen	Parent(s)/Guardian(s) Initials:
Diabetes Medication/Supplies	Parent(s)/Guardian(s) Initials:
Other:	Parent(s)/Guardian(s) Initials:

Has the student be trained to self-administer the medication and are they capable of doing this safely (please describe in detail)?

Yes or No	Description:
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Parent(s)/Guardian(s) Signature: _____

Physician Name: _____

Physician Contact Information: _____

Physician Signature: _____

Additional Physician Notes: _____

Medication Procedures for Field Trips

Student will be allowed to carry and self-administer over-the-counter and prescription medication as needed during off-site IEA sponsored activities (field trips) or tours (lasting more than one day), provided the following criteria are met:

- Medication shall be supplied by the parent(s)/guardian(s);
- The IEA *Authorization for Student Medication* form is completed by parent(s)/guardian(s) and physician (if prescription) three days prior to the event with all medications listed (complete above non-prescription and prescription release);
- Parent(s)/guardian(s) sign below indicating authorization for self-administration; and,
- The medications are stored and transported in the original manufactured-labeled container (applies to both over-the-counter or prescription medication).

Parent(s)/Guardian(s) Signature: _____

Additional Guidelines

- Parent(s)/guardian(s) are responsible to bring medication to the school and take home any remaining medication at the end of the school year.
- The medication must be in a container clearly labeled by a pharmacist or appropriate health care provider.



- The medication label must include: name of the medication, route of administration, time(s) of administration, and physician's/health care provider's name.
- The medication shall be counted by both the parent(s)/guardian(s) and the IEA employee receiving the medication. The number of pills and the name of the persons counting the pills shall be recorded on the daily student record or log.
- Medication must be kept in a secure location by IEA assigned personnel.
- Access to a secure location will be monitored and authorized by the IEA Director and his/her designee.
- Medication requiring refrigeration shall be stored in a refrigerator.
- IEA and parent(s)/guardian(s) shall provide any needed training to the IEA Director or designee who agree to administer the medication.
- A daily record or log shall be kept for each student receiving medication.
- Each dose of medication shall be charted by indicating the following: date, time given, and signature or initials of person administering the medication.
- Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent(s)/guardian(s).

Parent(s)/Guardian(s) Signature: _____

Additional Parent(s)/Guardian(s) Notes: _____

For Office Use Only

IEA Director Signature:

Date Received:

Additional Notes: