

ST. MATTHEW'S WEEKDAY SCHOOL MEDICATION AUTHORIZATION RELEASE AGREEMENT

Please read information and procedures on reverse side

PART I PARENT OF GUARDIAN TO COMPLETE

I hereby request St. Matthew's Weekday School staff members to administer medication as directed by this authorization. I agree to release, indemnify, and hold harmless St. Matthew's staff members from lawsuits, claim expense, demand or action, etc. against them for helping this student use medication, provided staff members comply with the physician or parent or guardian orders set forth in accordance with the provision of Part II below. I have read the procedures outlined on the back of this form and assume responsibility as required.

Medication:

Student Name (Last, First, Middle)

Date of Birth:

School:

School Year:

No St. Matthews WDS employee shall administer medication or treatment, unless the Director or his or her designee has personally reviewed all the required clearances.

Parent or Guardian Signature

Daytime Telephone

Date

Has the student taken this medication before?

Sign and indicate release for St. Matthew's WDS personnel to administer medication in the event of an adverse reaction to the medication.

Yes

No

Parent or Guardian Signature

PART II PARENT OR GUARDIAN TO COMPLETE and sign for any over-the-counter medication. Physician must complete sign for all other medications.

DIAGNOSIS:

MEDICATIONS:

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

DOSAGE TO BE GIVEN AT SCHOOL:

TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN:

EFFECTIVE DATE:

From:

To:

If the student is taking more than one medication at school, list sequence in which medications are to be taken:

*Physician Name
(Print or Type)*

Physician Signature

Telephone or Fax

Date

*Parent or Guardian Name
(Print or Type)*

Parent or Guardian Signature

Telephone

Date

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible in order that the student not lose valuable classroom time. Any medication taken in school must have a parent or guardian signed authorization; some medications also require physician orders. Medication must be kept in the school office or other school-approved location during the school day. The parent or guardian must transport medications to and from school.
2. No medication may be accepted by school personnel without receipt of completed and appropriate medication forms.
3. A physician may use office stationery or a prescription pad in lieu of completing Part II. Include the following information written in lay language with no abbreviations:
 - name of student.
 - date of birth.
 - reason for medication or diagnosis.
 - name of medication.
 - exact dosage to be taken in school.
 - time to take medication and frequency or exact time interval dosage is to be administered.
 - sequence in which the medications should be taken in cases where more than one medication is prescribed.
 - if medication is given on an as-needed basis, specify the exact conditions or symptoms when medication is to be taken.
and the time at which it may be given again. ("Repeat as necessary" is unacceptable.)
 - duration of medication order or effective dates.
 - physician's signature.
 - date.
4. All prescription medications, including physician's prescription drug samples, must be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication must be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:
 - name of Student.
 - exact dosage to be taken in school.
 - frequency or time interval dosage is to be administered.
5. The first dose of any new medication may be given at home.
6. The parent or guardian is responsible for submitting a new form to the school at the start of the school year and each time there is a change in the dosage or in the time at which medication is to be taken.
7. Medication kept in the school will be stored in an area accessible only to authorized personnel.
8. Within one week after expiration of the effective date on the physician order, or on the last day of school, the parent or guardian must personally collect any unused portion of the medication. Medications not claimed within that period will be destroyed.
9. In no case may any St. Matthews WDS staff member administer any medication outside the framework of the procedures outlined here.

TRAINED STAFF MEMBERS

1. _____

Room _____

2. _____

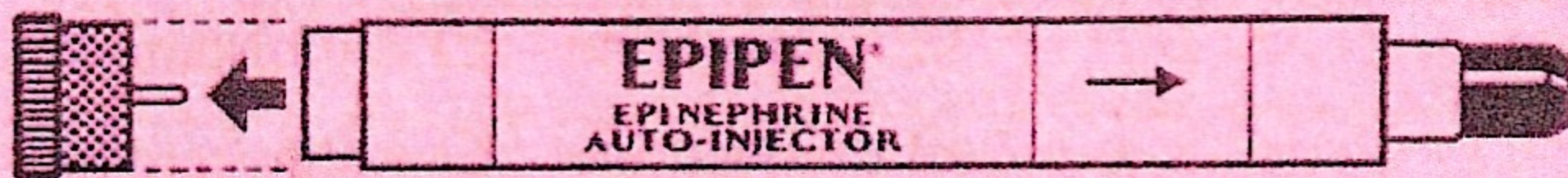
Room _____

3. _____

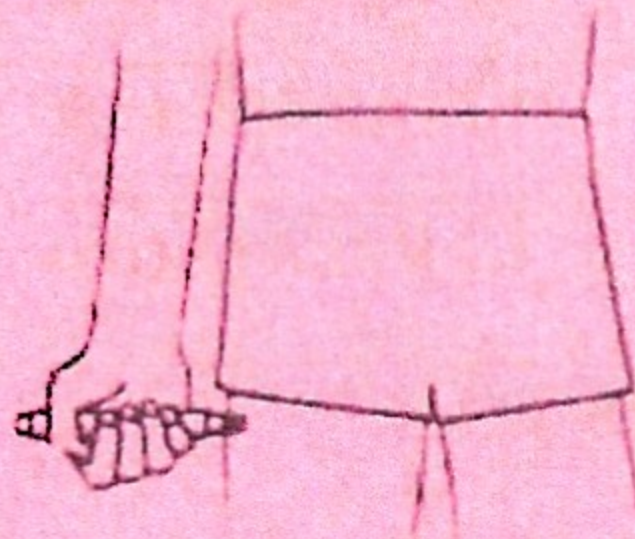
Room _____

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.

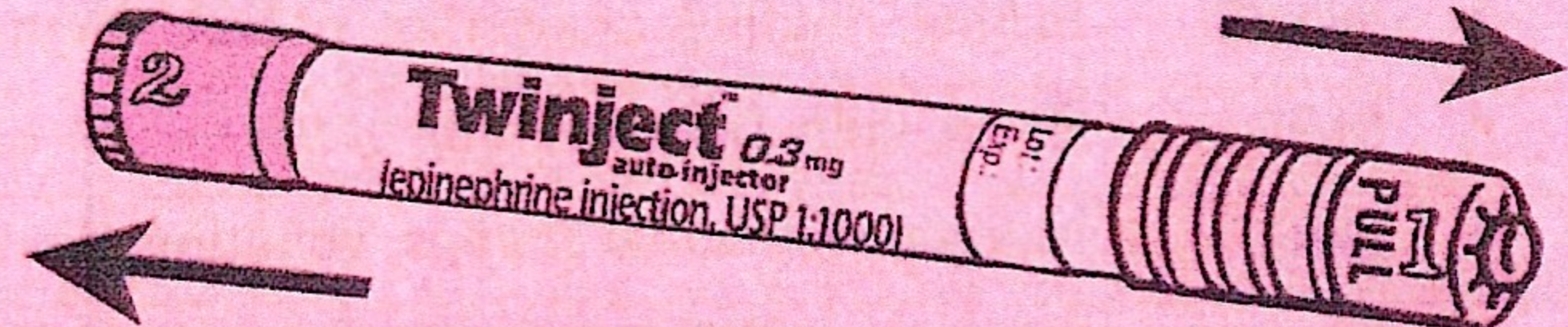


- Hold black tip near outer thigh (always apply to thigh).

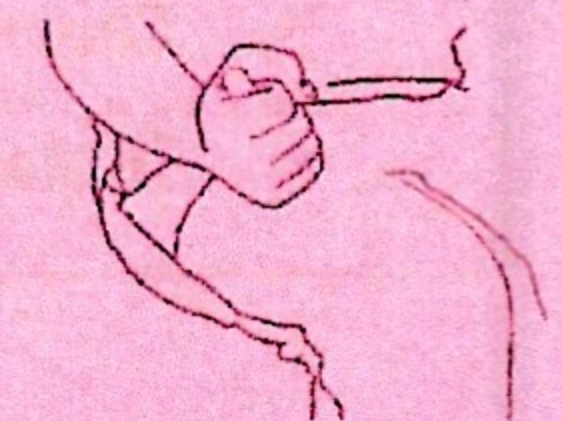


- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



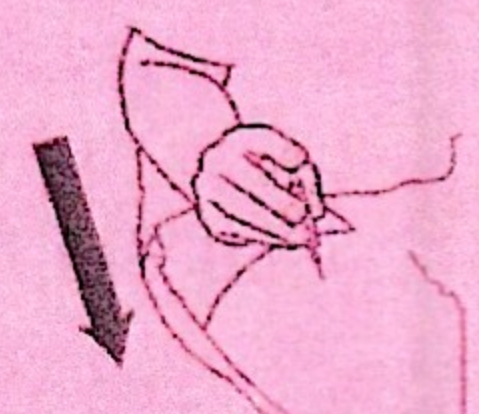
- Remove caps labeled "1" and "2."
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*

