

## Guidelines for completing the PSD

### ***Authorization and Release for Administering Medicine at School or School-Sponsored Activity***

The PSD *Authorization and Release for Administering Medicine at School or School-Sponsored Activity* form is divided into five (5) sections, from top to bottom they are as follows: **Please print all information.**

1. **Student information:** Please be sure to complete this information in its entirety.

**Student Name:**

**Student ID #:**

**Date of Birth:**

**Grade:**

**School Year:** i.e. 2016-2017 (If not already completed)

**School Student Attends:** *Polaris ELS* (If not already completed)

**Fax Number:** 970.488.8262 (If not already completed)

**School/Activity where medicine is to be administered:** *Polaris ELS, Field Works/Intensive/Adventure Trips* (If not already completed)

2. **Health Care Provider Authorization and Directions**

The second section of this form is to be *completed by your student's physician or health care provider* and needs to be completed in its entirety. *Prior to turning in this form to the Health Clinic please confirm that all questions below have been answered:*

**Name of Medicine:**

**The Medicine is Prescription or Nonprescription:**

**Purpose of Medicine:**

**Dosage:** (This is most commonly expressed in mg or ml)

**Route of Administration:** (Oral, Inhaled, Sub-lingual, etc.)

**Time(s) the medicine is to be administered:** (This is most commonly expressed as a specific hour of the day, or as "In the a.m." or "In the p.m.")

**Starting Date/Ending Date:** In most cases, this will reflect the entire school year as August 19, 2016 to August 18, 2017. This may be a shorter time period if the dosing regimen for a specific medication is for a limited or specific amount of time.

**Possible Side Effects of Medication:**

**Printed Name of Health Care Provider:**

**Office Phone Number:**

**Signature of Provider and Date of Signature:**

3. **Special Instructions**

This third section outlines how medications are to be packaged, labeled and delivered to Polaris..

***All medications, prescription and OTC must be brought to, or picked up at the Health Office by a parent/guardian. Medications will be counted and inventoried with the parent present.***

4. **Parent/Guardian Request, Permission and Release**

Please sign and date where indicated prior to submitting to your student's physician

5. **PSD Authorization**

After the completed form is received, the School Nurse will review and sign your student's form.

**Note:** The PSD also utilizes two other special types of medication authorization and release forms; these are typically referred to as "Self-Carry" forms. In certain cases, students may be eligible to self-carry their medications, examples include students with Rescue Inhalers, Epi Pens, Glucagon, etc. Please contact the health office at 970488.8268 if you and your physician would like to investigate this option.