

Polaris Expeditionary Learning School

Medication Guidelines for School & School Sponsored Activities

Important Information for Parents

Please read through both sides of this information sheet carefully prior to filling out your student's medication form(s). Each item below contains information that will help you plan and prepare medications your student may need at school or on school field trips. These activities may include short field trips, day long field works programs and intensive and adventure programs.

Our goal is to make the medication process as easy as possible, save you extra work, and provide your student with any medication or supplement required by their physician, care giver, or you while following the Poudre School District (PSD) policies for administering medications to student at school or school sponsored activities.

Side one of these guidelines contains general information about medications and when to submit a medication form; Side two, outlines specific points regarding the PSD *Authorization and Release for Administering Medicine to Student at School or School Sponsored Activity* form.

What is Considered a Medication?

What is considered a medication by PSD? Anything that a staff member of PSD will be administering to your student or anything your student may be qualified to self-administer. This includes the following:

Any and all prescribed medications from an MD/DO/DDS/PA-C or NP

Any and all over the counter (OTC) medications, this includes all supplements, homeopathic/herbal supplements, cough drops, vitamins, etc.

If you have a question regarding a medication please contact the Polaris Health Office 970.488.8268

When to Submit the PSD Authorization and Release For Administering Medicine?

The simplest answer is the sooner the better. *As soon as you know that any of the above medications will be required start the process!* Your student may require medication(s) to be administered on a daily basis, or on an as needed basis (PRN) from the beginning of school in August until the end of school year the following August. Or, your student may be prescribed a short term dosing of a medication for several days or a few weeks at some time during the school year.

In most cases, we date our *Authorization and Release* forms for the entire school year, this will cover students who require daily medications, or PRN medications when participating in any of our away from school activities for the entire school year. Again, there may be exceptions to this general rule, such as a new medication that your student was just prescribed or a short regimen of a specific medication.

Please call the Health Office to check if you already have the proper forms and medication on record to avoid additional or duplicate paper work. We can be reached at 970.488.8268

Please do not wait until the last minute!

Many physician practices require 24-48 hours or longer for processing Authorization and Release forms. Read through the back side of this form for information on what information to complete prior to submitting the form to your student's physician to avoid delays in processing.

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.