

Palmetto Scholars Academy
Medication/Procedure **Doctor's Order**
OTC Permission

To Be Completed by Legal Prescriber

Name of Student: _____ Grade: _____
Date of Birth: _____ List any known allergies: _____
Name of Medication: _____ **Diagnosis:** _____
Dosage: _____ Route: _____ ICD 10 code _____
Frequency/Time(s) to be given at school: _____
Date to begin medication/procedure: _____ Stop date if not end of the year _____

Potential side effects/adverse reactions: _____

Comments or Special Instructions: _____

Legal Prescriber, print name/title Signature of Legal Prescriber
Office number: _____ Fax: _____ Date: _____

TO BE COMPLETED BY PARENT/LEGAL GARDIAN

I consent for the Palmetto Scholars Academy Nurse (or designated personnel in his/her absence) to administer the OTC medication as indicated below.

____ Acetaminophen ____ Ibuprofen ____ Hydrocortisone Cream ____ Antibiotic Ointment
____ Antacid ____ Cough Drops ____ Diphenhydramine (Benadryl)

I have read and understand the PSA Medication and Medical Procedure Information & Policy and give permission for my child to receive the above medication or procedure as directed. The nurse or designee may share health information with those who have a legitimate need to know. I give permission for nurse to discuss with my child's doctor anything related to his/her health care as needed. This order is valid through the end of the school year and new orders are required at the start of each school year.

Parent/Legal Guardian Printed Name Signature of Parent/Legal Guardian Date

Medication and Medical Procedure Information and Policy

Medications should be given by parents/legal guardians before or after school hours, when possible.

MEDICATIONS:

1. Any Medication that is required to be given during school hours will need to have a completed Medication Procedure Doctor's Order form signed by the parent/legal guardian and the child's legal prescriber. All medication must be provided in the properly labeled original container.
2. Only PSA's Nurse or Trained personnel will administer over any approved medication to student. Student may not administer their own medication with the exception of those approved the self-medicating and/or self-monitoring form.
3. Any prescription medication or medical procedure (ex: blood sugar check) to be administered at school or school related activities must be accompanied by written orders from a health care provider. Limited over-the-counter medications may be administered by the school nurse or designated personnel with parent consent.

Parent Responsibilities:

1. Parent will supply PSA Medication/Procedure Doctor's Orders form and they will bring in the medication in the original labeled prescription container and/or proper equipment to the nurse.
Students may not transfer medications to and from school.
2. Inform the school of any changes in the student's health condition, medical procedures, or medications.
3. Update all PSA forms annually.
4. **Parent** must pickup any unused medication or medical supplies within one week of discontinuation or last day for students, whichever comes first. If not picked up, medications will be disposed of.
Medications will not be sent home with students at the end of the year.

School Responsibilities:

1. Receive and review completed Medication/Procedure Doctor's Order forms and medications.
2. Communicate with parents any problems or issues related to administering medication or medical procedures.

Palmetto Scholars Academy reserves the right to refuse to honor medication requests that are not consistent with professional standards (Manufacturer's guidelines) and/or are deemed unsafe for the school setting.

Requests from physicians, parents/legal guardians for administration of herbal/alternative medicinal products or medications prescribed "off-label" or for an investigational use will be evaluated on a case-by-case basis by the school nurse, school administrators, and/or the prescribing health care practitioner.