

Form A INSTRUCTIONS FOR AUTHORIZATION TO ADMINISTER ACETAMINOPHEN or IBUPROFEN by NURSE or TRAINED DELEGATE(S)

In accordance with Immaculate Heart Academy's Medication Policy, the following conditions must be met for a student to receive medication in school:

1. Written authorization from parent/guardian and the student's health care professional are required for the administration of any medication at school. This requirement includes over the counter and/ or prescription medications. Individuals authorized to administer medications are: the nurse, the parent/guardian of named student or the student who has been diagnosed with a life-threatening condition if the self-administer medication form is completed. In addition, if properly authorized by parent/guardian, trained delegate(s) may administer select medications including under specific emergency conditions pre-measured auto-injector epinephrine. SINGLE DOSE pre-filled auto-injector mechanism of epinephrine are required by Immaculate Heart Academy. Generally most medications will NOT be administered on school-related trips
2. The medication form on the next page of this notice must be completed in full by you **and** the student's health care professional. Medical orders that are faxed **must** be followed by a hard copy of the original signed order. One medication form is to be used for each medication. This form may be duplicated or additional forms are available in the Health Office.
3. All medication must be brought to the Health Office in the original pharmacy labeled container. Please ask the pharmacist for a separate properly labeled medication container for home use. Medications sent in envelopes and plastic bags **cannot** be accepted.
4. The completed form is valid for **one(1) school year**. A new medication form must be completed and filed every school year.
5. Use one (1) form for each medication. The medication form may be duplicated or additional forms are available in the health Office
6. If during the school year, the student's health care professional determines the medication is no longer required; he/she must send this information in writing to the school nurse. If the dosage is changed, the health care professional must provide the school nurse with a new written order.
7. The school physician has signed a written order for the administration of **acetaminophen and ibuprofen**. If a parent/guardian choose to accept his orders their signature on a IHA medication form is required for the administration of these two medications. *Students should provide their own supply of these medications in the original container and packaging. Students unable to swallow should bring an appropriate package of liquid acetaminophen or ibuprofen.*
8. Copies of IHA's Medication Policy are available in the Health Office & on the school's website www.ihanj.com

PLEASE COMPLETE ALL INFORMATION ON NEXT PAGE

