

Form B

INSTRUCTIONS FOR AUTHORIZATION TO ADMINISTER MEDICATION AND FOR THE EMERGENCY ADMINISTRATION of EPINEPHRINE VIA PRE-FILLED AUTO-INJECTOR MECHANISM 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

**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION
AND EMERGENCY AND ADMINISTRATION OF EPINEPHRINE VIA PRE-FILLED
AUTO-INJECTOR MECHANISM BY NURSE or
TRAINED DELEGATE(S)**

A. Health Care Professional

Student's Name _____

Date of Birth _____ Grade _____

Diagnosis _____

Date Medication Begins _____ Date Medication Ends _____

Name of Medication _____

This is an order for the emergency administration of epinephrine via pre-filled single dose auto-injector mechanism. YES NO

Dose(specific) _____ Frequency(specific) _____ Route(specific) _____

Side Effects _____

Signature of Health Care Professional(HCP) _____ *Date* _____

Name of Health Care Professional (PRINT) _____

HCP's Address _____ Phone _____

B. Parent/Guardian

I have read and understand Immaculate Heart Academy's policy for the administration of the medications listed. I authorize the nurse or unlicensed assistive person (delegate) trained by the nurse and/or school physician when appropriate, to administer the above medication/procedure, including the emergency administration of epinephrine by pre-filled auto injector mechanism if ordered by the above name health care professional, to my daughter during school hours and at times when my child is participating in school-related events. I have been informed and understand that Immaculate Heart Academy, school physician, nurse, any trained other school employees or agents shall incur no liability. I hereby indemnify and hold harmless the school, school physician, nurse any trained delegate and other school employees or agents as well as, the Archdiocese of Newark, local school district, its Board of Education and Bergen County Department of Health Services and its employees or agents against all claims arising from the administration of the listed medication or procedure. I consent to the communication between the school nurse or administrators and the prescribing health care professional to ensure the safe administration of the listed medication. I consent to this information being shared on a confidential basis with teachers/chaperones for school sponsored activities.

*I hereby consent to the administration of epinephrine as ordered above by the trained delegate(s) _____ YES _____ No

**I hereby consent to the administration of acetaminophen or ibuprofen as ordered by health care professional or school physician by the trained delegate(s) _____ YES _____ NO

Signature of Parent/Guardian _____ *Date* _____

VALID FOR ONE (1) SCHOOL YEAR