CONSENT FORM FOR ADMINISTRATION OF MEDICATION

TO BE RENEWED EACH aftercare YEAR

(If you need assistance completing this form, contact the Executive Director of the Program)

****Before medication can be administered by program personnel this form must be completed and on file with the Pumpkin Patch****

Student Name_____Birth Date_____
Grade _____ Teacher _____ Year_____

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PHYSICIAN / LICENSED PRESCRIBER ORDER

I have prescribed the following medication for this student and request the dosage be administered during aftercare hours by aftercare personnel.

Medication: _____ Dose: _____ Route: _____

Time/instructions: _____

Possible side effects: _____

Diagnosis/medical reason for medication: _____

Inhalers/Epinephrine auto-injectors: Child has received instruction and permission to self-carry and independently self-manage:
Yes No If Inhaler: With spacer Without spacer

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE:_____ DATE:_____
PRINT NAME:_____
PHONE #:_____
CLINIC:_____
FAX #: _____

PARENT/GUARDIAN AUTHORIZATION

FOR PRESCRIPTION AND NON-PRESCRIPTION MEDICATION:
I request the above medication be given to my child during aftercare hours as ordered by the physician/licensed prescriber. I give permission for the medication to be given by designated personnel as delegated. **I will provide this medication in the original, properly labeled manufacturer container/packaging (non-prescription medication) or pharmacy labeled container (prescription medication).** I authorize the program director to exchange information with my child's healthcare provider concerning any questions that arise with regard to the listed medication, medical condition, or side effects of this medication. I authorize the program director to communicate with appropriate aftercare personnel regarding this medication for my child. I release personnel from any liability in relation to the administration of this medication at aftercare. I have read and understand the Medication Guidelines included with this form.

PARENT/GUARDIAN SIGNATURE:_____ Date:_____
PROGRAM DIRECTOR SIGNATURE:_____ Date:_____

MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances where the student's health may be jeopardized without it. Whenever possible, administration of medication should be done at home. Medication prescribed three times per day can be given before aftercare, after aftercare, and bedtime. **If a new medication is started, the first dose must be given at home, unless it is a rescue medication.**

1. Administration of prescription and non-prescription medication by aftercare personnel must only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian and Licensed aftercare Nurse, regardless of the student's age.
2. Mixed dosages in a single container will not be accepted for administration at aftercare.
3. If a half tablet is required for a correct dosage, it is the parent/guardian's responsibility to provide pre-cut tablets for administration at aftercare.
4. Altered forms of medication will not be accepted or administered at aftercare.
5. Narcotics/medical cannabis will not be administered at aftercare.
6. Aspirin-containing products will not be administered at aftercare.
7. Only FDA approved treatments will be provided at aftercare.
8. **All medication (prescription and non-prescription) must be brought to and from aftercare by a parent/guardian in its original container. The following information must be on the prescribed container label:**
    - **Student's full name**
    - **Name and dosage of medication**
    - **Time and directions for administration at aftercare**
    - **Physician/licensed prescriber's name**
    - **Date (must be current)**
9. New consent forms with licensed health care provider and parent/guardian signatures must be received each aftercare year.
10. A new medication consent form is required when the medication dosage or time of administration is changed.
11. When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested.
12. Medication will be kept in a locked cabinet unless authorized by the program director, and must not be carried by the student.
13. Students with severe allergies who need their epinephrine auto-injector during the aftercare day will be allowed to self-manage, carry, and be responsible for the administration of their epinephrine auto-injector with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the program director.
14. Students with asthma who need to use their inhaler during the aftercare day will be allowed to self-manage, carry, and be responsible for the administration of their inhaler with written consent of their physician/licensed prescriber and parent/guardian and in agreement with the program director.