



## **STAR Education Medication at School/Camp**

STAR Education is authorized to administer medication to students during school/camp hours. It is STAR's policy that such medication will only be administered when failure to receive the medication could result in the student being unable to attend school/camp. **"Medication" means all drugs whether prescription or over the counter.**

If you wish to have your child receive medication during school/camp hours, or your Licensed Health Professional (LHP) deems it necessary that your child receives medication at school/camp, please have your LHP complete the medication order form, and you (the parent or guardian) complete the parent request for medication to be administered at school/camp.

This request will be valid only for the medication listed and the dates indicated in writing on the request form. Your request will NOT be valid for any period past the end of the current school/camp year. **If you wish your child to continue to receive medication during school/camp hours in a subsequent year, you must submit a new medication form.** STAR may decide to discontinue administration of the medication. If this happens, you will be notified before administration is halted.

**You must supply the medication in the original pharmacy container.** STAR will keep and store no more than a 20 day supply of medication at any one time. The medication label must indicate the student's name, LHP name, the drug name and dosage, and when the child is to receive it. **All medications must be brought to school/camp by the parent/guardian. Please do not send any medication to school/camp with your child.**

### **ASTHMA INHALERS AND EPI-PEN AUTO INJECTORS**

STAR Education grants permission for medication to treat asthma or anaphylaxis be carried and self-administered if:

- (a.) A LHP prescribed the medication for use by the student during school/camp hours and instructed the student in the correct and responsible use of the medication,
- (b.) The student has demonstrated to the LHP or his designee, and a professional registered nurse or other designated employee at the school/camp, the skill level necessary to use the medication and any device that is necessary to administer the medication as prescribed,
- (c.) The health care practitioner formulates a written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school/camp hours, and
- (d.) The student's parent or guardian has completed and signed their portion of the Authorization for Administration of Medication at school/camp, has completed information specific to carrying and self-administration inhalers and epi-pens, recognizing that STAR will not monitor student's usage, and submitted documentation noted in parts (a), (b), and (c)
- (e.) The school/camp RN or other designated employee will verify correct technique in inhaler and epi-pen use.

**STAR Education**  
**AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL/CAMP**

**STUDENT NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_

**SCHOOL/CAMP:** \_\_\_\_\_ **GRADE/TEACHER:** \_\_\_\_\_

**THIS PORTION TO BE COMPLETED BY THE LICENSED HEALTH PROFESSIONAL WITH  
PRESCRIPTIVE AUTHORITY**

<u>Name of Medication</u>	<u>Dosage/Method of Administration</u>	<u>Schedule (i.e., @lunch, PRN, etc)</u>
_____	_____	_____
_____	_____	_____

Diagnosis or reason for medication: \_\_\_\_\_

If given PRN, specify the length of time between doses: \_\_\_\_\_

***THIS SECTION IS REQUIRED IN ORDER FOR STUDENT TO  
CARRY AND SELF-ADMINISTER INHALER OR EPI-PEN***

Student has been instructed in self-administration by licensed personnel in my office:

\_\_\_\_\_ MD/ DO/ ARNP/ PA/ RN/ LPN/ MA. I request this student be allowed to carry and self-administer his asthma inhaler/ epi-pen (circle one) Yes \_\_\_ No \_\_\_

Possible side effects of medication: \_\_\_\_\_

Emergency procedure in case of serious side effects: \_\_\_\_\_

I request and authorize the above-named student be administered the above identified medication in accordance with the instructions indicated above **from** (date: mm/dd/year) \_\_\_\_\_ **to** (date: mm/dd/year) \_\_\_\_\_ (not to exceed current school/camp year) as there exists a valid health reason, making administration of the medication advisable during school/camp hours.

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Licensed Health Professional Signature

\_\_\_\_\_  
Office Phone

\_\_\_\_\_  
Name (print or type)

**THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN**

I give permission for STAR to administer medication to the above-named student in accordance with the LHP's instructions. I understand that every effort will be made by STAR to administer the medication in a timely manner. The medication must be furnished to STAR in accordance with STAR policy outlined on the reverse side of this form.

**For asthma inhalers and epi-pens only:** (please circle the one your student uses)

I give permission to carry and self-administer his/her prescribed inhaler/epi-pen Yes \_\_\_ No \_\_\_

**Release of liability for self carry and self-administration of inhalers and epi-pens:**

I take responsibility for my child's adherence to the dosing schedule; STAR will not monitor self administration.

\_\_\_\_\_ **(Parent initial required for student to carry and self administer inhalers/epi-pens)**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Daytime Phone

Student self-administration approved by: \_\_\_\_\_