



CONSENT FORM FOR ADMINISTRATION OF MEDICATION

Before medication can be administered by CER program personnel this form must be completed and on file

Child's Name: _____ Birth Date: _____

Program Name/Site: _____ Grade: _____

PHYSICIAN / LICENSED PRESCRIBER ORDER

I have prescribed the following medication for this student and request it be administered by CER program personnel.

Medication: _____ Dosage: _____ Route: _____

Time/instructions to be given during program: _____

Possible side effects: _____

Diagnosis/medical reason for medication: _____ ICD 10 Code _____

PHYSICIAN/LICENSED PRESCRIBER SIGNATURE: _____ DATE: _____

PRINT NAME: _____ PHONE #: _____

CLINIC: _____ FAX #: _____

PARENT/GUARDIAN AUTHORIZATION FOR PRESCRIPTION MEDICATION:

- 1. I request the above medication be given to my child during CER program hours by CER program staff as ordered by the physician/licensed prescriber.
2. I will provide this medication in the original, properly labeled pharmacy container.
3. I authorize the CER program coordinator/designee 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.
4. I authorize the CER program coordinator/designee to communicate with appropriate CER program personnel regarding this medication for my child.
5. I release CER program personnel from any liability in relation to the administration of this medication during the program (administration of this medication will not be done by a nurse).
6. I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature: _____ Date: _____

(OVER)

Child's Name: _____

NON-PRESCRIPTION MEDICATION

Medication: _____ Purpose for giving medication: _____

Amount & Frequency: _____

(Must follow age and weight appropriate package directions) (age) (weight)

PARENT/GUARDIAN AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION:

1. I request that the above medication be given to my child during CER program hours by CER program staff.
2. I will provide this medication in the original, properly labeled manufacturer container.
3. I release CER program personnel from any liability in relation to the administration of this medication during the program (administration of this medication will not be done by a nurse).
4. I have read and understand the Medication Guidelines included with this form.

Parent/Guardian Signature: _____ Date: _____

MEDICATION GUIDELINES

The administration of medication to children shall be done only in exceptional circumstances wherein the child'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 program, after program, 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 medication by program personnel must only be done according to the written order of a physician/licensed prescriber and written authorization of parent/guardian. Non-prescription medication may be administered to children with written authorization of parent/guardian according to label directions.
 - a. Mixed dosages in a single container will not be accepted for administration during a CER program.
 - b. 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 CER program.
 - c. Altered forms of medication will not be accepted or administered at CER program.
 - d. Narcotics/medical cannabis will not be administered at CER program.
 - e. Aspirin-containing products will not be administered at CER program.
 - f. Only FDA approved treatments will be provided at CER program.
 - g. Expired medications will not be accepted or administered by program personnel.
2. All medication (prescription and non-prescription) must be brought to and from CER program by a parent/guardian in its original container. The following information must be on the prescribed container label:
 - a. Child's full name
 - b. Name and dosage of medication
 - c. Time and directions for administration at CER program
 - d. Physician/licensed prescriber's name
 - e. Date (must be current)
3. A new consent form with appropriate signatures must be received yearly and with any change in the dose or time of administration of the medication.
4. When a long term daily medication is stopped, a written physician/licensed prescriber's order is requested.
5. Medication will be kept in a locked box/cabinet designated for medication unless authorized by the Program Coordinator and must not be carried by the child.
6. Special arrangements must be made with the Program Coordinator concerning administration of medication to children through gastrostomy tubes, rectal or injectable routes.