

2019-2020

Authorization to Carry
Prescription Medication



**BEACON
ACADEMY**

Find the Light, Find the Way

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STUDENT AUTHORIZATION TO CARRY PRESCRIPTION MEDICATION

Epinephrine Auto Injector or Diabetic Medication

(Student) _____ needs to carry the following prescription asthma medication, epinephrine auto injector, or diabetic medication with him/her. The above-named student has been instructed in the proper use of the medication and fully understands how to administer this medication. (It is preferable that additional asthma medication, epinephrine auto injectors, or diabetic medication, to be kept in the principal's office in case the first is lost or left at home.)

Medication _____ Dosage and Directions _____

Licensed Health Care Provider's Signature & Stamp

Date

I have been instructed in the proper use of my prescription-labeled medication and fully understand how to administer this medication. I will not allow another student to use my medication under any circumstances. I also understand that I will be subject to the consequences of the code of conduct should another student use my prescription. I also accept the responsibility for checking in with the principal to keep him/her informed of use of my medication in case I start having problems.

Student's Signature _____ Date _____

I hereby request that the above-named student, over whom I have legal authority, be allowed to carry and use the prescription medication described above, at school. I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse Beacon Academy, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. I also hereby release said aforementioned school, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility should the above medication be lost, given or taken by a person other than the above-named student. I understand that if this should happen, the privilege of carrying the medication may be revoked. I also release the Beacon Academy and its employees, representatives and officials of any legal responsibility when the above-named student administers his/her own medication.

Parent/Guardian Signature

Date

2019-2020 REGISTRATION**MEDICATION ADMINISTRATION FORM**

If this form is properly completed and returned to the school principal, the designated staff member may assist parents when their child's physician has prescribed medication for the child. The medication will only be given if it is delivered to the principal or his/her designee in the original bottle, labeled with the child's name, dosage, physician, pharmacy, and name of the drug.

Student's Name _____ Birth Date _____

School _____ Grade _____

Statement of Physician

Medication _____ Date of Prescription _____

Physician's Name _____ Phone Number _____

Allergies _____

Dosage and Time of Administration _____

Illness Requiring Medication _____

Possible Medication Side Effects _____

Physician's Signature _____

Physician's Address _____

Statement of Parent/Guardian

The undersigned hereby releases and agrees to hold harmless and to indemnify the employees from any liability whatsoever occasioned by the administration or non-administration of the above instructions.

The undersigned also authorized the prescribing physician, named above, to discuss with the principal or his/her designee any matter regarding the medication to be administered.

Parent/Guardian Signature _____

Home Phone _____ Work Phone _____ Date _____

Administering Medications

In general, the administration of prescribed medication to students while in the school is to be avoided. Medications should be given at home when possible. In the event that a parent, legal guardian, physician, or health officer confirms the necessity the administering of medication to a student during school hours, the school must provide control and supervision of the administration of the medication as detailed below:

1) Principal or designated staff is responsible to securely store and administer medication. 2) All medications must be brought by the parent or legal guardian to the designated staff person in the original pharmaceutical containers, clearly labeled with student name, medication name, appropriate dosage and the time for each dose. 3) If a student requires medication for a period of time exceeding 20 school days, the parents or legal guardians need to fill out the Medication Administration Form.

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4) The designated staff member is responsible for maintaining a log for each student receiving medication, which includes student name, the name of the medication, date and time and dosage amount and any reaction(s).

Nonprescription medications such as aspirin, cough syrup, over-the-counter allergy medications, etc. may NOT be administered to students by school staff. Middle school students, however, may self-administer nonprescription medicines provided they bring one or two days' dosage rather than a whole bottle. This medication must be given to the designated school staff by the parent or legal guardian until the child needs it. Note: This policy does not supersede local country or state governmental policies.

Individual protocols are needed to address those students with a history of systemic reaction to known allergens. Schools should develop emergency plans of action to address allergic reactions occurring in students with no previous history of anaphylaxis.

Medical Emergencies/Consent for Medical Treatment

Each student must have a current Consent for Medical Treatment form on file in the school office. In the event of a medical emergency, the school will call 911 and will attempt to contact the student's parents/guardians as specified on the form. If contact cannot be made, the school will exercise consent-to-treat permission to seek care for the student.

Student Accident Insurance

The school carries an accident insurance policy for each student, which covers medical payments for school accidents. The school's insurance is secondary to the family or employer insurance. The school policy is in effect in the following situations:

- If student is injured on school grounds while school is in session
- If student is participating in a school-sponsored activity
- If student is traveling directly from home to school or from school to home on days student is in attendance at school

If a student's injury is covered by one of the conditions listed above, the parent/guardian of the student must complete the following:

- File a report with the school within 24 hours of accident.
- File claim and collect payment from employer insurance.
- Obtain a School Insurance form from the school office, if needed. Complete the form, include medical expenses, and send the form to your insurance company.