

**YESHIVA OF GREATER WASHINGTON – TIFERES GEDALIAH**  
**PERMISSION TO ADMINISTER OTC AND PRESCRIPTION MEDICATIONS**  
**INFORMATION AND PROCEDURES**

1. No medication will be administered in school or during school-sponsored activities without the parent's/guardian's written authorization and a written physician order. This includes both over-the-counter (OTC) and prescription medications.
2. The parent/guardian is responsible for completing Part II and obtaining the physician's statement on Part I. This is required every school year for each new or continuing order or if there is a change in dosage or time of administration during the school year. (A physician may use office stationery or prescription pad in lieu of completing Part I.) Information necessary includes: child's name, diagnosis, medication name, dosage, time of administration, duration of medication, side effects, physician signature, and date.
3. All medication is to be provided by the parent/guardian and must be delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent/guardian. Under no circumstances will either the school nurse, medication technician or school personnel administer medication brought to school by the student.
4. All prescription medication must be provided in a container with the pharmacist's label attached. Non-prescription OTC medication must be in the container with the manufacturer's original label. Physician samples must be appropriately labeled by the physician.
5. The first day's dosage of any new medication must have been given at home before it can be administered at school.
6. The parent/guardian is responsible for collecting any unused portion of a medication within one week after expiration of the physician's order or at the end of the school year. Medication not claimed within that time period will be destroyed.
7. Self-administered and/or non-medically prescribed medications are entirely the responsibility of the parent/ guardian and not that of YGW. Medications without accompanying physician's orders and parental consent will not be stored in the health room.
8. Students may not self-administer controlled substances.
9. A physician's order and parental permission are necessary for self-carry/self-administered emergency medications such as inhalers for asthma and EpiPens for anaphylaxis. **The school nurse must evaluate and approve the student's ability and capability to self-administer medication. It is imperative the student understands the necessity for reporting to either the health staff or YGW staff that they have self-administered their inhaler without any improvement or have self-administered an EpiPen, so 911 may be called.**
10. The school registered nurse (RN) will call the prescriber, as allowed by *Health Insurance Portability and Accountability Act* (HIPAA), if a question arises about the child and/or the child's medication.

**PERMISSION TO ADMINISTER OVER THE COUNTER (OTC) AND PRESCRIPTION MEDICATIONS  
YGW SCHOOL MEDICATION ADMINISTRATION AUTHORIZATION FORM**

This order is valid only for school year (current) \_\_\_\_\_ including the summer session.

School: Yeshiva of Greater Washington – Tiferes Gedaliah

This form must be completed fully in order for schools to administer the required medication. A new medication administration form must be completed at the beginning of each school year, for each medication, and each time there is a change in dosage or time of administration of a medication.

- \* Prescription medication must be in a container labeled by the pharmacist or prescriber.
- \* Non-prescription (OTC) medication must be in the original container with the label intact.
- \* An adult must bring the medication to the school.
- \* The school nurse (RN) will call the prescriber, as allowed by HIPAA, if a question arises about the child and/or the child's medication.

**PART I** **PRESCRIBER'S AUTHORIZATION**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Condition for which medication is being administered: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time/frequency of administration: \_\_\_\_\_ If PRN, frequency: \_\_\_\_\_

If PRN, for what symptoms: \_\_\_\_\_

Relevant side effects:  None expected  Specify: \_\_\_\_\_

Medication shall be administered from: \_\_\_\_\_ to \_\_\_\_\_  
Month / Day / Year Month / Day / Year

Prescriber's Name/Title: \_\_\_\_\_

(Type or print)

Telephone: \_\_\_\_\_ FAX: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Original signature or signature stamp ONLY)

(Use for Prescriber's Address Stamp)

A verbal order was taken by the school RN (Name): \_\_\_\_\_ for the above medication on (Date): \_\_\_\_\_

**PART II** **PARENT/GUARDIAN AUTHORIZATION**

I/We request designated school personnel to administer the medication as prescribed by the above prescriber. I/We certify that I/we have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

**SELF CARRY/SELF ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Self carry/self administration of **emergency** medication may be authorized by the prescriber and must be approved by the school nurse according to the State medication policy.

Prescriber's authorization for self carry/self administration of emergency medication: \_\_\_\_\_

Signature

Date

School RN approval for self carry/self administration of emergency medication: \_\_\_\_\_

Signature

Date

Order reviewed by the school RN: \_\_\_\_\_

Signature

Date