

Miss Porter's School, Medication Authorization Form

Name of Student: _____ Date of Birth: ____/____/____

Allergies: _____ Condition for which the drug is being administered: _____

Medication Name: _____ Controlled Substance? YES ☐ NO ☐

Dosage: _____ Method/Route: _____ Time of Administration: _____

If PRN, frequency: _____ Number of doses allowed in 24 hours: _____

Start Date: ____/____/____ End Date: ____/____/____ (if End Date blank, authorization expires at end of school year)

Specific Instructions for Medication Administration: _____

Relevant Side Effects of Medication: _____ ☐ None Expected

Explain any allergies, reaction to/negative interaction with food or drugs: _____ ☐ None Expected

Prescriber's Name / Title: _____ Phone: (____) _____

Prescriber's Address: _____

Prescriber's Signature: _____ Today's Date: ____/____/____

For Stimulant Medications Only: Includes: amphetamine (Adderall), dexamethylphenidate (Focalin), methylphenidate (Ritalin, Concerta, Daytrana patch), lisdexamfetamine dimesylate (Vyvanse), etc.

Can this med be administered PRN or "as needed" Monday - Friday? (circle one): **Yes** **No**

Can this med be administered PRN on Saturday & Sunday? (circle one): **Yes** **No**

Do Not Administer after what time of day (Indicate time of day): _____

Parent/Guardian Authorization: I request that medication be administered to my child as directed above by their Prescriber.

Parent Signature: _____ Date: _____

Instructions for Parents

- ☐ Submit one form per medication.
- ☐ For **Prescription and Over-The-Counter Medications and All vitamins/supplements**: *Authorized Prescriber* signature is REQUIRED.
- ☐ Consider leaving vitamins and supplements at home unless they have been prescribed for a specific medical condition (for example, iron supplements for anemia).
- ☐ Porter's Center for Global Leadership (PCGL) "Summer in Farmington" stocks a variety of OTC medications for students who need symptom relief. The First Aid Officer (a registered RN) will administer these medications guided by the Miss Porter's School Colgate Wellness Center standing orders, developed and reviewed annually by our Medical Director.
- ☐ PCGL must be notified of *all* pharmaceutical products, at least, one week prior to Participant arrival.
- ☐ Pharmaceutical products will **not** be checked in by program staff if not accompanied by this required form, signed by both Prescriber and Parent.
- ☐ All pharmaceutical products brought to Miss Porter's School must be:
 - ☐ In their original pharmacy packaging and,
 - ☐ Labeled with the student's name and date of birth and,
 - ☐ Product(s) may not be expired.
- ☐ To expedite medication check-in, please pack all pharmaceutical products together in one ziploc bag.

Dispensing Medication

The First Aid Officer will be available daily on a scheduled basis that he/she determines to provide medication to students (usually at breakfast, lunch, dinner and bedtime). Should a student require medicine at another time, a schedule will be created between the First Aid Officer, the student and the student's counselor to make sure the student receives said medication appropriately.