MEDICATION ADMINISTRATION AUTHORIZATION FORM

2026/2027

Medication must be delivered to school by a responsible adult (whenever possible, a parent) in the original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented upon receipt and signed by the school staff member and adult delivering the medication. This form must be renewed annually and must be signed by a non-parent, licensed prescriber.

LICENSED PRESCRIBER'S AUTHORIZATION

Name of Student:_____ Date of Birth:_____ Grade:_____

Condition for which medication is being administered:_____

Medication Name:_____

Dose:_____ Route:_____ Time(s): _____

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_____

Telephone: _____FAX: _____

Address:_____

Licensed Prescriber's Signature: _____Date:_____
(Original signature or signature stamp ONLY)

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 within one week of the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I/We authorize the school administration to communicate with the health care provider as allowed by HIPAA.

Parent/Guardian Signature: _____Date:_____

Home #:_____ Cell #:_____ Work #: _____

EMERGENCY MEDICINE SELF CARRY/SELF ADMINISTRATION AUTHORIZATION

Student may self-carry this emergency medication. (must be signed by prescriber and principal)

Licensed Prescriber's Signature_____

Principal's Signature_____Date_____

I understand point 12e of the Medication Administration Parent Procedure (Form MED-1) and agree to abide by it.

Student's Signature _____Date_____

Medication Administration Monitor Approval:_____

GCS Form
MED-4 (2/26)

EMERGENCY MEDICATION SELF-CARRY AND SELF-ADMINISTRATION CARE PLAN

2026-2027

I, _____, agree to keep record of when I self-administer my medication. I understand that I may need to share this record with my parents or the Medication Administration Monitor if requested.

Medication name_____

Dosage_____

Time to be taken_____

In the event that I am unable to self-administer my medication, students and staff around me should_____

_____

_____

911 should be called if_____

_____

_____

Student signature_____Date_____

Parent signature_____Date_____

“MAMi” signature_____Date_____

Principal signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Teacher signature_____Date_____

Date	Time	Dose

FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

FARE
Food Allergy Research & Education

PLACE PICTURE HERE

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

☐ If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.

☐ If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:

SEVERE SYMPTOMS

LUNG
Shortness of breath, wheezing, repetitive cough

HEART
Pale or bluish skin, faintness, weak pulse, dizziness

THROAT
Tight or hoarse throat, trouble breathing or swallowing

MOUTH
Significant swelling of the tongue or lips

SKIN
Many hives over body, widespread redness

GUT
Repetitive vomiting, severe diarrhea

OTHER
Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.

- Consider giving additional medications following epinephrine:
  - » Antihistamine
  - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

NOSE
Itchy or runny nose, sneezing

MOUTH
Itchy mouth

SKIN
A few hives, mild itch

GUT
Mild nausea or discomfort

FOR **MILD SYMPTOMS** FROM **MORE THAN ONE** SYSTEM AREA, GIVE EPINEPHRINE.

FOR **MILD SYMPTOMS** FROM **A SINGLE SYSTEM** AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

_____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE DATE PHYSICIAN/HCP AUTHORIZATION SIGNATURE DATE

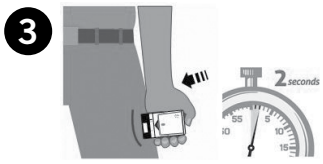
FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (FOODALLERGY.ORG) 5/2020

GCS Form Med-6 (9/23)

FARE
Food Allergy Research & Education

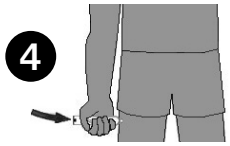
FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO



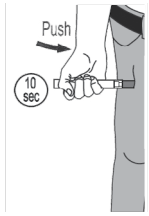
1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.

HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN



1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS



1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.

HOW TO USE SYMJEPI™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPI by finger grips only and slowly insert the needle into the thigh. SYMJEPI can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.

ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.)**:**

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

MEDICATION ADMINISTRATION PROCEDURE FOR PARENTS

The following procedures are in line with the current federal and state requirements for medication administration in all school types.

Definitions:
"Medication" includes both prescription and non-prescription medications, including those taken by mouth, taken by inhaler, which are injectable, applied as drops or ointment to the eye or nose, applied to the skin, or any other form prescribed by a physician. These include over-the-counter (OTC) medications such as pain relievers, cough suppressants (including cough drops), nasal decongestants, upset stomach medications, etc. excluding select OTC topical substances (refer to Permission to Self-Apply, Form MED-3, for list).

Medication Administration Monitor: Beth Corwin, 269.463.5545 ext. 300, bcorwin@gcspatriots.com

1. Medications administered at school shall be restricted to only medication that must be administered during the school day. Parents/guardians should administer medications at home when possible.

2. Parents/guardians must complete the Consent for Medical Treatment Form (Form MED-2).

3. Permission to Self-Apply (Form MED-3) may be completed to give consent for the application of FDA approved OTC topical medications.

4. The first dose of a newly prescribed medication may not be administered at school, except for emergency medications such as epinephrine autoinjectors (EAIs). Parents must let the Medication Administration Monitor know when the first dose of a new medication is given and communicate any potential side effects.

5. All medications may only be administered by trained staff. Medications will be kept in a locked cabinet at all times (with the exception of EAIs). Expired medications will be returned to parents within one month of expiration. GCS will not administer expired medications.

6. A Medication Administration Authorization Form (Form MED-4) must be signed by the student's licensed medical practitioner for the administration of each prescribed or over

the counter (OTC) medication, including cough drops and other medical remedies, during school hours and at school-sponsored events, including off-campus events. The Medication Administration Authorization Form (Form MED-4) shall be renewed annually and signed by the licensed prescriber. Changes in the order or discontinuation of the order must be in writing from the licensed prescriber. Written instructions from a physician, which includes the name and birthdate of the student, name of the medication, dosage of the medication, route of administration, and the time the medication is to be administered to the pupil shall accompany the request and be kept on record by the school. A separate Medication Administration Authorization Form (Form MED-3) must be on file for each medication.

7. Medication must be delivered to authorized personnel by a responsible adult (whenever possible, a parent) in an original pharmacy labeled container or unopened manufacturer's package. Medication may not be delivered directly by the student. Medication is counted and documented on the Medication Administration Log (Form MED-9) upon receipt. This document will then be signed by the school staff member and adult delivering the medication.

8. Any changes to the medication dosage or time of administration will not be made without written instructions from the physician or authorized prescriber after the initial request.

9. Parents/Guardians are responsible for resupplying all medications. Grace Christian School will not supply any medications to students for any reason. All medications for students must be supplied by the parents and must have the required Medication Administration Authorization Form (Form MED-4) in order to be administered to the student.

10. All medications left at the end of the year must be picked up by the parent/guardian within one week of the end of the school year. All medications left after this will be discarded or destroyed per local ordinances.

11. If a student has an adverse reaction to the medication, we will notify parents immediately. We will also call 911 if the reaction is severe.

12. Students may self-carry emergency medications, such as emergency inhalers, epinephrine auto-injectors, and glucagon, if the following requirements are met:

a. The parent/ guardian understands that medication may be given without supervision.

b. The parent/guardian, the prescribing physician, and the principal have determined the student is capable of self-carrying and will be responsible with the medication.
c. The prescribing physician has signed the Medication Administration Authorization Form (Form MED-4) allowing the student to self-carry. The form must specifically state that the student may self-carry.
d. The student's teachers must be made aware that the student is self-carrying medication. The teachers must also be given training in case the student is unable to self-administer the medication.
e. Any misuse of medication that violates the policies- such as irresponsibility, selling of medication, mishandling of medication, or giving away of medication- will result in revocation of self-carry permissions. Building administration may disallow self-carrying abilities if it is deemed necessary for the safety of the student population. Parents/guardians and the prescribing physician will be notified immediately if self-carry permissions are withdrawn.
f. Emergency Medication Self-Carry and Self-Administration Care Plan (Form MED-5) must be completed for each emergency medication that a student is self-carrying. This plan must include how the student will record self-administration and when the student must seek assistance. For emergency auto-injectors, see point g.
g. The Food Allergy & Anaphylaxis Emergency Care Plan (Form MED-6) must be completed by a healthcare provider when a student is self-carrying an emergency auto-injector.