



Adrenal Insufficiency Action Plan and Medication Authorization Form Release and Indemnification Agreement

PART I: To be Completed by PARENT OR GUARDIAN

I hereby authorize Arlington County's Department of Human Services (DHS)/School Health Bureau and Arlington Public Schools personnel, including unlicensed persons, to give the medication(s) described below as directed by this authorization. I agree to release, indemnify, and hold harmless Arlington Public Schools, Arlington Department of Human Services/School Health Bureau, Arlington County, and any of its officers, staff members, or agents from any lawsuit, claim, expense, demand, or action, etc., against them arising out of or in connection with assisting this student by administration of this medication to him/her as requested by the parents, including any adverse effects to the medication(s). I acknowledge that this student has no contraindications, including allergies, to these medication(s). I have read the "Parent Information about Medication Administration at School" on the reverse side and assume the responsibilities as set forth.

Student Name (Last, First, Middle):	Date of Birth:	Grade:
-------------------------------------	----------------	--------

Teacher (Last Name):	School:	Attends Extended Day? <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------------	---------	---

Has the student taken this medication before? Yes No
(If NO, the first full dose must be given at home to ensure that the student does not have a negative reaction.)

Parent/Guardian Signature:	Daytime Telephone:	Date:
----------------------------	--------------------	-------

PART II: To be Completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner). Please complete both sides of this form.

Daily Maintenance Medication: (The Arlington Department of Human Services/School Health Bureau discourages maintenance medications to be given to students at school during the school/extended day. Please prescribe for before or after school, if at all possible.)
 Name of Medication: _____ Dosage: _____ Route: _____

 Time Administered Daily (check box for any dose(s) to be administered at school):
 _____ _____ _____

Oral Stress Dose (for mild signs and symptoms):
 Name of Medication: _____ Dosage: _____ Route: _____
Give oral stress dose immediately AND call parent for one or more of the checked symptoms:
 Temperature above: _____ AND able to take oral stress dose
 _____ _____ _____
 _____ _____ _____

Emergency Solu-Cortef or Solu-Medrol IM (for severe signs and symptoms):
 Name of Medication: _____ Dosage: _____ Route: _____
Give Solu-Cortef or Solu-Medrol IM immediately AND call 911* for one or more of the checked symptoms:
 Temperature above: _____ AND unable to take oral stress dose
 Vomiting Severe injury (i.e. suspected broken bone, deep cut, concussion) Sudden confusion/loss of consciousness
 _____ _____ _____

***When calling 911, report that the student is in adrenal crisis and has received Solu-Cortef or Solu-Medrol. Call Parent after calling 911.**

Other Information:
 Student may carry and consume water, Gatorade, and snacks as needed.
 Other: _____

Please complete both sides of this form.

PART II - continued: To be Completed by a Licensed Healthcare Provider (Physician, Physician's Assistant, or Nurse Practitioner). Please complete both sides of this form.

Effective Date of Order:

Start Date: _____ End date: End of School Year OR Date: _____

Healthcare Provider Information/Signature:

Healthcare Provider's Name (Print, type, or stamp)

Healthcare Provider's Telephone Number

Healthcare Provider's Signature

Date

PART III: ARLINGTON COUNTY DHS/SCHOOL HEALTH BUREAU STAFF TO COMPLETE

Check as appropriate:

- Parts I and II above are complete, including signatures
- Medication(s) are properly labeled

SHA Signature and Date

Name of PHN Contacted by Phone and Date

PHN Signature and Date

PARENT INFORMATION ABOUT MEDICATION ADMINISTRATION AT SCHOOL

The goal of the School Health Bureau in the administration of your child's medications is SAFETY – the right medicine, to the right child, in the right amount, at the right time. Your help is needed to achieve this goal! Please arrange to give all doses of medications at home whenever possible. However, if your child needs medication at school, please be aware of the following:

- ✓ Any medication taken in school must have a completed Medication Authorization Form (reverse). This form must be signed by a parent/guardian (Part I of form) and by a healthcare provider (Part II of form).
 - This form is valid until the end of the current school year (which includes summer school), unless otherwise noted
 - Medication will not be accepted without this Medication Authorization Form
 - Faxed copies of this form are accepted
 - A new Medication Authorization Form must be submitted at the start of every school year and each time there is a change in the dosage or the time in which medication is to be given
- ✓ All medications must be transported to and from the school clinic by a parent/guardian, unless the student is 18 years or older or is an emancipated minor.
- ✓ The first dose of any medication must be given at home.
- ✓ All prescription medications must be in their original containers and labeled by a physician or pharmacist. When the medication needs to be taken at home AND at school, ask the pharmacist for two (2) labeled containers – one for home and one for school.
- ✓ For daily medications, the student is to come to the clinic (or to a predetermined location) at the prescribed time to receive medication. Parents should develop a plan with the student to ensure that the student goes to the clinic at the appropriate time. Medication can be given no more than 30 minutes before or after the prescribed time.
- ✓ If student has special requirements for taking the medication (e.g., with applesauce, medicine needs to be broken in half, etc.), please discuss this with the clinic staff. If medications need to be broken in half, this must be done by parent. Clinic staff are not authorized to break pills in half.
- ✓ Medications kept in the clinic are sent with student's teacher on all APS field trips that take place during the school day. Please discuss arrangements with APS staff/teacher for medications that are needed for any over-night or week-end field trips.
- ✓ Please collect any unused portion of the medication within one week after expiration of the medication, within one week of the end date on the Medication Authorization Form, and/or on the last day of school. Medications not claimed within that period will be disposed of appropriately