Meritus Health **Washington County Public Schools**

Treatment Authorization Form

Attach Photo	Student's Name:	Date of Birth
	School:	Grade:
	School Year (including summer)	

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PRESCRIBER

Condition for which treatment is being administered:

Allergies:

Treatment Instructions:

Time of Administration:	If PRN, frequency:

Is student competent to self-administer treatment? ☐ Yes ☐ No

Health Care Provider's Name/Title: (please print)	Health Care Provider Stamp
Telephone: Fax:	
Address:	

Health Care Provider's Signature: Date:

TO BE COMPLETED BY PARENT/GUARDIAN

I authorize School Health personnel and, when appropriate, trained school staff to administer the above-stated treatment in accordance with school policies and Maryland State School Health Services Guidelines. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of treatments at school. I release Meritus Health, the Washington County Board of Education, and its employees, from any claim or liability for administering prescribed medical treatment to this student. I have read the information on the back of this form and assume the responsibilities as stated therein. I understand that this treatment authorization form is for the current school year, or whatever shorter period of time contained on the form. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA.

Primary Contact Phone:	2nd Phone:

Parent/Guardian Signature: Date:

REGISTERED NURSE REVIEW / AUTHORIZATION

Is the student competent to self-administer treatment? ☐ Yes ☐ No

Registered Nurse Signature: Date:

IMPORTANT INFORMATION

For Parents/Guardians and Health Care Providers

1. The school nurse will call the prescriber as allowed by HIPAA if a question arises about child and/or child's medication.

2. Please give your child any needed treatment at home if at all possible.

3. It is recommended that the first full day's (24 hours) treatment be given at home. If unsure, follow the recommendation of the health care provider about attending school during the first 24 hours.

4. Parent/guardian responsibilities:
   a. Provide and maintain all equipment and supplies for the duration of the treatment order.
   b. The parent/guardian must provide new supplies prior to the expiration date(s).

5. The parent/guardian or student may demonstrate how to administer the treatment to the staff person who will monitor or administer the treatment and provide information regarding potential adverse effects.

6. Student Self-Administer Treatment:
   a. If the health care provider indicates that the student is competent to self-administer and/or self-carry, the school registered nurse shall then certify that the student possesses the skills and maturity necessary to self-administer and/or self-carry in the school setting.
   b. If the health care provider and school registered nurse both determine that the student is capable to self-carry and/or self-administer, the principal and school registered nurse shall establish procedures for the student to self-carry and/or self-administer.
   c. The principal and/or school registered nurse may revoke the authority of a student to self-carry medication if the student fails to follow the proper procedures, rules, and regulations for self-carry/self-administration, including if the student endangers anyone through the misuse of the medication.

7. The registered nurse must review and approve the form prior to administration.