



HERBAL & NON-HERBAL NUTRITIONAL SUPPLEMENT AUTHORIZATION

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

It is the policy of the Matanuska Susitna Borough School District that Herbal and Non-Herbal Nutritional Supplements may be dispensed in school only when the student's health requires that the herbal and non-herbal nutritional supplement be given during school hours. Herbal and non-herbal supplements to be dispensed at school must be in an original, unopened package with the manufacturer's seal intact, and administered before the expiration date. This form must be signed by the prescribing health care provider AND a pharmacist and is required for all herbal and non-herbal supplement administration. This form must be updated annually. All herbal and non-herbal supplements will be destroyed unless picked up by the end of the last student school day of this year.

School Nurse _____ School _____ Phone _____ Fax _____

Name of student _____

Herbal or Non-Herbal Supplementation name _____

Dosage, rout of administration _____ Time to be given at school _____

For treatment of _____ Other medications _____

Possible adverse effects or interactions with food, medications, or other substances _____

Special instructions _____

Date prescribed _____ Date of discontinuance _____

Date _____ Phone and Fax Numbers _____

Health Care Provider Signature _____ Printed Name _____

TO BE COMPLETED BY THE PARENT/GUARDIAN & PHARMACIST, THEN RETURNED TO THE SCHOOL NURSE BEFORE HERBAL OR NON-HERBAL NUTRITIONAL SUPPLEMENTS MAY BE ADMINISTERED

The above identified medications and herbs or non-herbal supplements have been reviewed for adverse effects or interactions with food, medications, or other substances. There are no adverse interactions to report.

Pharmacy _____ Date _____

Pharmacist Signature _____ Printed Name _____

I hereby give permission for my child to receive the above listed herbal or non-herbal supplement at school and/or during school sponsored activities, as prescribed by my child's health care provider and reviewed by a pharmacist. Permission is also given for the school nurse to contact the health care provider or pharmacist regarding this treatment. I understand all herbal and non-herbal supplements will be administered by the school nurse or designated school employee in the absence of the school nurse. The school nurse will train the following staff. I delegate the staff members listed below the task of administering prescribed herbal or non-herbal supplement in the absence of a registered nurse.

Staff Members Trained	Title	Location/Room #	Trained By

Parent/Guardian Signature _____ Date _____