

MEDICATION AT SCHOOL

Prescription Medication

The student's physician shall provide the school with a written request that the student be given medication during school hours. The request shall state the name of the student, name of the drug, dosage, frequency, how medication is to be given and the doctor's name. **The prescription label will be considered an equivalent of the physician's order for short term medication.** When possible, descriptions of adverse effects and any applicable emergency instructions will be provided.

The parent/guardian will provide a written request that the school district comply with the physician's request to give medication. The district will not administer the first dose of any medication.

The parent/guardian will supply the medication in a properly labeled container from the pharmacy with only those doses to be given at school and with instructions for any special need for storage. Medication supplies should not exceed a 30 day supply.

Parents/guardians may retrieve the medication from the school at any time.

When possible, all unused, discontinued or outdated medication shall be returned to the parent/guardian and the return appropriately documented. With parent consent, medications may be destroyed by the school nurse, witnessed by another individual, and documented appropriately. All medications should be returned/destroyed at the end of the school year.

Over-the-Counter Medication

A written standing order or written protocol for the administration of the over-the-counter medications in schools may be secured from a physician for an individual student or for a group of students. Written permission must be obtained from a parent/guardian to administer over-the-counter medication which have been prescribed. This permission must be renewed at least annually.

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL

Name of Student _____ Birthdate _____

Grade/Teacher _____ Name of Medication _____

Dose _____ Time to be Given _____ Restrictions? _____

I give my permission for my child to receive the above medication at school as directed.

Parent/Guardian Signature _____

Date _____ Telephone _____