



Request for Medication to be Taken During School Hours

TO BE COMPLETED BY PARENT

Student: _____ Date: _____

MEDICATION NAME

FREQUENCY OF DAILY DOSE

TIME OF FIRST DOSE

NUMBER OF DAYS

I request that my child, named above, be assisted in taking the prescribed or over-the-counter medication at school by authorized persons, and will comply with the school's policies and procedures.

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

TO BE COMPLETED BY LICENSED PHYSICIAN

MEDICATION NAME

PURPOSE OF MEDICATION

DOSAGE PRESCRIBED

TIME SCHEDULE

DOSE FORM (TABLET, LIQUID, ETC.)

DATE OF PRESCRIPTION

LENGTH OF TIME THIS MEDICATION WILL BE NECESSARY

Precautions, Special Instructions, Possible Adverse Effects, Comments:

The student named above, for whom this medication is prescribed, is under my care:

PRINT NAME OF PHYSICIAN

PHYSICIAN SIGNATURE

STREET ADDRESS

DATE SIGNED

CITY, STATE, ZIPCODE

PHONE NUMBER

This form must be renewed each School Year.



Guidelines for the Administration of Medications at School

POLICY

- Schools may not furnish any medications.
- All medication administration requires parent/guardian authorization.
- All prescription medications and aspirin require physician and parent/guardian authorization. Medications must be secured in the school office (exception: back up of inhalers and epi-pens may be secured in the classrooms as well as the office). Use of an epi-pen necessitates a 911 call. Because of the risk of students sharing medication, no student may carry their own medications. In the event that a student is seriously at risk without the epi-pen or inhaler on their person, consideration will be given to a variance if the physician and parent document the following:
 - Risk of not carrying medication
 - The student has been instructed in the indications, administration, side effects, responsibility not to share, and the responsibility to notify the teacher immediately after use.
 - Authorization forms should be maintained in the binder with the medication log.
 - The authorization form should be added to the student's file.
- The medication log is to be maintained until three (3) years after the student would turn twenty-one (21) years of age.
- Each school should develop a list of students requiring medication everyday, all year long.
- Medications should be brought on field trips when necessary.
- Glucose testing and insulin administration is to be coordinated by the parent/guardian in collaboration with the school Principal.
- All medications are to be returned to the parent/guardian at the end of the school year.

PROCEDURE

1. Parent/Guardian is to bring the medication to the office.
2. Authorization forms are to be reviewed for completeness (faxed forms from the physician or prescription are acceptable. Staple the prescription to the authorization form).
3. Assure that the medications are in original containers and labeled with the name of the medication, dosage, name of child, and frequency of administration. Over the counter medications should be in original sealed packages with directions for administration.
4. Store medications in a zip lock baggie labeled with student's name and frequency of administration.
5. An adult will assist and observe the student taking the medication (some students may use a nebulizer for asthma medication). If a student doesn't come for a scheduled medication, send for the student.
6. Notify the parent/guardian that day if a student requires an "only if needed medication" while at school.
7. If the child uses an inhaler and has no relief or is having severe breathing problems notify the parent/guardian immediately and consider calling 911.
8. Document the medication administration in the medication log.