Recommended Policy and Form for

ADMINISTRATION OF MEDICATION AT SCHOOL

Many students are able to attend school regularly only through effective use of medication in the treatment of disabilities or illnesses that will not hinder the health or welfare of others. If possible, all medication should be given by the parent at home. If this is not possible, it will be done in school in accordance with the following guidelines:

1. A person(s) appointed by the principal shall supervise the secure and proper storage and dispensation of medication.

2. Medications administered in school must be received in the container(s) in which they are dispensed by the prescribing physician or licensed pharmacist or in their original container if it is a non-prescription medication.

3. Written permission must be received from the parent or guardian of the student, requesting that the school comply with the physician's order.

4. The designated individual must receive and retain a statement signed by the physician, who prescribes the medication.

5. The parent, guardian, or other person having care and charge of the student must agree to submit a revised statement signed by the physician who prescribed the medication to the designated individual if <u>any</u> of the information originally provided by the physician changes.

6. No employee authorized by the principal to administer a prescribed drug and who has a copy of the most recent physician's statement shall be liable in civil damages for administering or failing to administer the medication unless he/she acts in a manner that constitutes "gross negligence or wanton reckless misconduct."

7. No person employed by the _____(School Name)_____ shall be required to administer medication to a student except in accordance with the requirements established under this policy.

8. In cases where the prescribing physician and the parents permit the student to self-medicate, (a) the medication is to be kept in secure storage, (b) the medication administration request form must still be completed and submitted to the school nurse, and (c) the medication is to be taken in the presence of a designated school person. Students will not be permitted to administer their own medication in the restroom, hallway or classroom.

We strongly urge parents, physicians, and dentists to schedule medications so students do not have to be administered drugs during school hours. If it is necessary for the student to receive medication during the school date, the administration request form <u>must</u> be completed, signed and submitted before any school personnel are authorized to administer the drugs. If you have any questions or concerns regarding the policy and/or procedure, please contact the school nurse or _____(School contact person)_____ at _____(Phone number)_____.

_____
(School Name)

PERMIT FOR DISPENSING PRESCRIPTION / NON-PRESCRIPTION MEDICATION TO STUDENTS

PARENT REQUEST

I am the parent, guardian, or caretaker in charge of _____. I
(Student Name)
am requesting the following medication be given to this student, according to instructions provided by the physician as described, and have read the policy of the _____ Board
(School Name)
pertaining to the administration of medication to students at school.

Date _____ Signature _____

PHYSICIAN'S STATEMENT

FOR _____ PERSONNEL:
(School Name)

Since medication for the student listed below cannot be scheduled for other than school hours and administration of such prescribed medication may be supervised by medically untrained personnel, it is requested that the medication as indicated below be administered by school personnel.

Name of Student _____ Birth Date _____

Address _____ Telephone _____

Name of medication, dosage, and explicit instructions for administration:

_____

_____

Date administration is to begin _____ Date to cease _____

Severe adverse reactions that should be reported to the physician:

_____

_____

One or more telephone numbers at which the physician can be reach in case of an emergency:

_____ _____ _____

Date _____ Physician's Signature _____

Physician's Name (printed) _____