

## **Guidelines for Medications at School**

Students needing to take medication during school hours must follow these guidelines:

- **Provide the school nurse with a completed Medication Authorization Form signed by both the parent/guardian and the healthcare provider.**
- **A new Medication Authorization Form must be completed each school year AND when the medication or dose has changed.**
- **All medication must be in the original container in which it was dispensed by the healthcare provider or pharmacy and be labeled with the correct dose and instructions.**
  - The label must match what is on the Medication Authorization form.
  - Students taking a medication at both school and home can request two separate labeled bottles from the pharmacy to divide the pills to have some at home and school.
  - Students using an inhaler, epinephrine pen or other emergency medications at school can request 2 prescriptions from the healthcare provider in order to have a supply at home and school.
  - If medication is required sprinkled and/or crushed, please have your provider indicate this on a written order attached to this form.
- **School personnel cannot give over-the-counter medications unless prescribed by a healthcare provider. An Authorization for Administration of Medicine at School Form must be completed.**
  - Prescribed over the counter medications follow the same guidelines as stated above for prescribed medications. (Over the counter medications, include pain medication such as Tylenol, cough medicine, ointments.)
- **Medication is ordered to be given to a student at school only when absolutely necessary.** Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours.
  - Medications ordered three times a day or less, unless time is specified may not need to be taken at school. The medications should be given before schools, after school, and at bedtime.
  - Medications scheduled for the morning should be given at home by the parent/guardian prior to start school.

***All unused medication must be picked up by the parent/guardian on the last day of school (or if participating in Summer Sol after its conclusion) or it will be discarded.***



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Student: Birthdate:
School: Grade:

THIS PORTION TO BE COMPLETED BY PHYSICIAN
(One medication per form, please)

Medication is ordered to be given to a student at school only when absolutely necessary. Whenever possible, the parent and physician are urged to design a schedule for giving medication outside of school hours.

Table with 4 columns: NAME OF MEDICATION, DOSAGE, METHOD OF ADMINISTRATION, TIME OF DAY TO BE TAKEN

Reason for medication to be given during school hours:

Anticipated action

Possible side effects of medication

Emergency procedure in case of serious side effects

Start date:

End date: (Not to exceed current school year) OR Last day of school (To include summer school class dates)

- At the physician's request, the student may carry on his/her person an Epi-pen or inhaler.
For emergency situations, the student has been trained and is capable of self-administration.

I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above.

Physician's/Dentist's Signature Name (Print or Type) Date

Address Phone Number

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

I certify that I am the parent, legal guardian, or other person in legal control of the above-identified student and request and authorize the school to administer the above-identified medication to the above identified student in accordance with the prescription or doctor's instructions. Medication will be supplied to school in the original Rx container. It is the responsibility of the parent to request the needed medication orders from a medical provider.

- The above identified student has been instructed to carry an Epi-pen or inhaler with him/her in case of emergency. Please advise student to report to the school nurse for further evaluation.

Date of Signature Parent/Guardian Signature