

**REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

**GRADES K-6**

**I. PHYSICIAN'S SECTION**

\_\_\_\_\_ is under my care and should receive \_\_\_\_\_  
Name of Student

\_\_\_\_\_ at the following times: \_\_\_\_\_

Name of Drug, Dosage, Route: \_\_\_\_\_

Diagnosis/reason for medication: \_\_\_\_\_

Specific Instruction for administration: \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

Special storage instructions: \_\_\_\_\_

Starting date for medication: \_\_\_\_\_

Expiration date of this request: \_\_\_\_\_

**For Asthma Inhalers**

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack: \_\_\_\_\_

**Student has been instructed on proper use of inhaler and is responsible to carry inhaler and self administer:**  
 Yes  No

Parent Signature: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Physician Telephone: \_\_\_\_\_

*We request a duplicate inhaler be provided for availability in the clinic.*

**II. PARENT'S SECTION**

I hereby request and give my permission to the Board approved personnel to administer the above stated medication to my child. I further acknowledge by signing this form that the school district or its personnel are under no obligation to render assistance in administering medication and do hereby release all Board designated school employees and the Board of Education from liability for damages or injury resulting from either performing or not performing the assistance requested.

I have read and understand the policy for administration of medication. (stated on back)

Name of child: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Class: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent: \_\_\_\_\_

**III. MEDICATION RECORD**

<u>Date</u>	<u>Time</u>	<u>Initials</u>	<u>Date</u>	<u>Time</u>	<u>Initials</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

ADMINISTERING MEDICATION

The following procedures and regulations shall be observed in administering Policy JHCD-P.

A. Prescribed medications

- (1) In order for prescribed medication to be administered to children, a note from the physician prescribing the medication should include the following information:
  - a. The name of the student and address.
  - b. The name and the dosage of the medication to be administered.
  - c. The times or intervals at which each dosage of the medication is to be administered at school.
  - d. The date the medication is to begin and end.
  - e. Any severe adverse reactions that should be reported to the physician along with one or more telephone numbers at which the physician can be reached in an emergency.
  - f. Special instructions for the administration of the drug, including sterility and storage.

This information and medicine must be presented to the child's teacher or office personnel upon arrival at school.

Any changes in the information originally provided from the physician must be noted in a statement signed by the physician who prescribed it.

- (2) Prescription medications must be administered by authorized school personnel, namely the building principal, assistant principal, dean of students, secretary, educational assistant, aide, nurse or teacher.
- (3) All prescription medications must be presented to school personnel in their original container labeled with the following information:
  - a. Child's name.
  - b. Doctor's name.
  - c. Name of medication.
  - d. Dosage to be given.
  - e. Time to be given.
- (4) Medication must be stored in a lockable storage cabinet in the school office or clinic. Those medications that must be refrigerated must be stored in a refrigerator which is not frequented by students.
- (5) Medication must be administered from the school office/clinic area.

B. Non-prescription medications

- (1) Authorized school personnel will administer FDA approved non-prescription medications upon requests of parents.
- (2) All requests for administering non-prescription medication must be made in writing to the principal or principal's designee. Such requests must include written instructions including name of medication, name of child, dosage and time medication is to be administered, and parent signature. Dosage must not exceed manufacturer's recommendations for the child's age and or weight.
- (3) Non-prescription medication must be administered from the school office or school clinic.
- (4) The medication must be labeled with the child's name, the dosage to be given, and the time to be given. Only a week's supply of medication is normally kept at the school.
- (5) Non-prescription medication should be stored in a lockable storage cabinet in the clinic or office area. Any non-prescription medication requiring refrigeration shall be stored in a refrigerator that is not frequented by students.
- (6) All medication must be presented to school personnel in its original container and labeled with the child's name.
- (7) Dosages exceeding manufacturer's recommendations must be accompanied by a physician's order as in part A - (1)

C. Medication verification

- (1) An employee shall not administer any medications without verification from the principal or principal's designee.