

MEDICATIONS AT SCHOOL

School employees may administer medication to students when absolutely necessary. I give my permission for the school nurse to instruct my child's teacher, and other staff members in the care of my child, on his/her medical condition so they can assist with procedure and/or observe for any complications that may occur. The need for medicine to be given at school should be if the instruction requires **dosage of 4 times a day** (every 6 hours) or specific orders from the student's doctor. **Alternate arrangements** should be made for other medicine.

The following guidelines should be carried out when medicine is brought to the school office.

A. MEDICINE:

1. Prescription medicine
 - a. **MUST** be in the original prescription container for the specific child.
 - b. Labeled
 1. Current date
 2. Child's name
 3. Name of medication
 4. Specific instructions
 5. Doctor's name
 6. Teacher's name
2. Non prescription medicine
 - a. Original container
 - b. Student and teacher's name on container

B. PERMISSION:

1. Parent or guardian
 - a. Written permission to give medicine at school.
 - b. The amount to be given. Dosage must agree with manufacturer's recommendation.
2. Time to be given.

NARCOTIC MEDICINE, OR MEDICINE CONTAINING NARCOTICS, WILL NOT BE ADMINISTERED AT SCHOOL FOR THE SAFETY OF THE CHILD. Example: medication with codeine. If the registered nurse at school should question the administration of any particular medication as excessive or potentially harmful, the parent will be contacted.

I give permission for _____ to be administered _____,
(student) (medicine)
_____ by the school personnel. This is to be administered at: _____.
(dosage required) (time)

Daytime phone # _____ Email: _____ Allergies: _____

Parent pick up medication on last day of school ____ Yes ____ No **OR** send home with student ____ Yes ____ No

Parent's signature

Date

Teacher

Grade