

Section J: Students

JLCD-E Administration of Medication to Students Form

REQUEST TO ADMINISTER MEDICATION IN SCHOOL

Date: _____ Student's Name: _____ Teacher: _____

Name of Medication: _____ Pharmacy: _____

Prescribing Physician: _____ Telephone: _____

Reason for Medication: _____

Dosage: _____ Time(s) to be Administered: _____

Possible side effects and safety procedures: _____

Prescribing Physician's Signature (on prescription label)

Date

Medication Removal

At the end of the school year or the last day of student's enrollment, I choose the following method of medication disposal. I understand that if the medication is still in school seven days after the last student day, the medication will be disposed as follows.

- Parent will remove medication from school
- Send the medication home with my child
- School nurse may dispose of the medication

I understand that the above medication may be administered by any staff member who is the Director's designee. This may include a school nurse or a medically unlicensed person designated by the Director as allowed by law.

Permission to Contact Prescribing Physician

I give my permission for the school nurse to contact the above named prescribing physician to obtain information about the medication and the administration schedule. I give my permission for the school nurse to share information with the doctor about the effects of the medication on my child's learning.

Parent/Legal Guardian Signature

Telephone (Home)

Telephone (Work)

Date

Witness

Instructions for Parents/Guardians for Authorization of Medication

It is the policy of Region 8 that only essential medications will be administered to students in school. Whenever possible, the schedule of medication administration should enable a student to receive all prescribed doses at home.

If it is necessary for a student to take medication during school hours, the school nurse or other trained person will administer the medication in accordance with the following:

- A. Complete the Request to Administer Medication in School form and return it to the school office with the medication. A physician's prescription (current prescription label or signed note) will be required for prescription drugs and may be required for over the counter drugs.
- B. Send the medication to the school office in an original, unbreakable pharmacy bottle with a current pharmacy label properly labeled with the name of the medication, date, dosage, time(s) to be administered, and the name of the student who is to receive it.
- C. Medication sent to school should not exceed the dosage for one day unless prior arrangements have been made with the school nurse.
- D. Refer to the Region 8's Administration of Medication to Students Policy (JLCD) as necessary or call the school nurse who serves your child's school.

Cross Reference: JLCD – Administration of Medication to Students
JLCD-R – Medication Administration on School Field Trips

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Revised: _____

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