

General Rules:

- The School/Therapy Program Manager and/or Nurse in the building may delegate the administration of medication.
- Licensed Health Care Provider & parent permission is required before prescription medication will be administered.
- Parents may choose to administer medication to their child.
- Prescription medication must be in the original pharmacy labeled container and must include the student's name, the name of the medication, dose, and the time that it is to be administered.
- Over-the-counter medication can only be accepted in a new and sealed container and administered by trained staff, with a physician's order. The container must be labeled with the student's name, age/weight specific dose and date of receipt.
- Each medication must be documented on a separate Medication Authorization Form (see attached).
- A new authorization for must be completed at the beginning of each school year.
- Topical medications require a written physician's order.
- Herbal and vitamin therapy requires a written physician's order.

Medications WILL NOT be administered if brought to school

- Pre-dosed or pre-mixed in food or formula
- Pre-crushed
- Pre-cut (unless precision cut is done by the pharmacist, and in the original container).

The nurse or trained personnel will administer medication as prescribed by the physician.

Thank you for assisting us in providing safe medication administration for your child during the school day.



Medication Authorization Prescriptions and Non-Prescriptions

My permission is hereby granted to: _____ to assist
School

Last First Middle DOB ____/____/____

My child is not currently on any medication _____ (Initial here)

Name of prescription medication: _____

Name of prescribing physician: _____

Amount to be given/Dosage (ex. 10 mg/tab): _____

Direction for administering (ex. by mouth): _____

Time to be given at school: _____

Date to begin: _____ Date to stop: _____

Reason or health problem _____

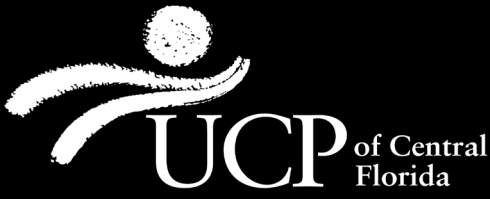
Possible reaction to medication: _____

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE A REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER. OVER-THE-COUNTER MEDICATIONS NEED TO BE DOSAGE SPECIFIC FOR AGE/WEIGHT. Non prescription medications will only be accepted in the factory sealed original container the administration of the above medication or its possible side effects.

Medication is to be brought in its current labeled pharmacy container. For safety and security reasons, medication must be transported to and from school lby the parent/guardian. **DO NOT SEND MEDICATIONS TO SCHOOL WITH THE CHILD/SIBLINGS.** Notes from home will not be accepted as authorization for dispensing medication.

Signature of Parent/Guardian Date

Work Phone Cell Phone Home Number



Additional Medication

Students Name _____ Date _____

Campus _____

In addition to medications given at school, please list ALL medications the student is given at home.

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Medication & Dose: _____

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____