



## Administering Medications to Students at School

Medication should be given at home if at all possible. You should discuss the practicality of time-release medications with your physician, which could eliminate the necessity to administer medications during the school day. If under exceptional circumstances, a student is required to take medication during school hours and the parent cannot be at school to administer the medication, Greenwood office personnel will administer medicine upon completion by the parent of the Non-injectable Medication Authorization Record and Liability Release form. This is a mere courtesy; therefore the school retains the right to reject the request for medication administration, or to terminate such medication administration. Medicines in unlabeled or improperly labeled containers, without complete instruction for administration will not be given at school. The parent must provide all medication and the physician's order.

1. The student's authorized physician shall provide a written request that the student be given medication during school hours. The request shall state the name of student, name of medication, date prescribed, purpose, dosage, frequency of administration, termination date of administering the medication and the physician's name. When possible, the physician should state any adverse effects and any applicable emergency instructions.
2. In lieu of the physician's written request, the school may accept a prescription label properly affixed to the medication in question for short-term medication. The label must contain the name of the student, name of drug, dosage, frequency of administration, and physician's name.
3. Students must have a Non-injectable Medication Authorization Record and Liability Release form completed by a parent or legal guardian to receive medication.
4. Office personnel, according to the directions on the medication bottle and medication authorization form, will give medication. Upon written authorization for self-administration of medication by authorized physician, students may be allowed to take responsibility for their own medications (i.e. inhalers). In such instance, the school does not assume liability as a result of any injury arising from self-administration by student or liability as a result of any inhaler's misuse. **Parent/guardian is to bring a completed medication authorization form to the office to be kept on file.**
5. The parent/guardian will supply the medication in a current properly labeled container from the pharmacy with only those doses to be given at school. **Please note that the office has no refrigeration available, and therefore, medication that requires refrigeration will not be administered.**
6. **Selling, dispensing, or distributing any kind of medication by students may be grounds for disciplinary action, including suspension or dismissal from Greenwood Laboratory School.**

Please Note: Any changes in type of medication, dosage, and/or time of administration shall be accompanied by a new order from the physician and signing of a new medication authorization form. The parent must assume responsibility for informing the school personnel of any changes in a student's medication.

### **Over the Counter or Non-prescription Medication**

Non-prescription medication may be administered during school hours if the medications are in their original container and the medication authorization form is signed by the parents and physician. The completed form, along with the properly labeled medication, must then be submitted to the office requesting the school's cooperation and releasing the school personnel from liability. This authorization by physician and parent must be renewed annually.

**Greenwood Laboratory School shall not provide students with Tylenol or any other medication. Deciding whether a medication is needed is a form of diagnosis and dispensing medication is a form of treatment. Unauthorized administration of unprescribed medication shall not be practiced by any school personnel.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Daytime Phone #

### **Office use only:**

Medication received from: \_\_\_\_\_

By: \_\_\_\_\_

\_\_\_\_\_  
Date