

Request for Medication to be Administered During School Attendance

PHYSICIAN PORTION:

STUDENT NAME: _____

Current Diagnosis: _____

MEDICATIONS/TREATMENTS:	Dosage:	Time / Frequency
_____	_____	_____
_____	_____	_____
_____	_____	_____

Conditions and Special Circumstances for use: _____

Length of time medication is to be administered: _____

THIS BOX APPLIES ONLY TO EMERGENCY ASTHMA/ALLERGY MEDICATIONS:
 _____ PHYSICIANS: Please check here if the student listed above has been instructed on self-medication of the above indicated medication(s) and that such self-administration is appropriate for this student at school.

Date _____

Signature of Physician/Dentist/PA/ARNP

PARENTAL PORTION:

I hereby give my permission for _____ to take the medication indicated above at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any medication to my child in accordance with written instructions from the physician/dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student due to administering such drug. I also give my permission for school personnel to exchange information with my child's health care provider's agency and /or pharmacy, including the physician and pharmacist , as necessary.

THIS BOX APPLIES ONLY TO EMERGENCY ASTHMA/ALLERGY MEDICATIONS:
 _____ I certify that my child has been instructed on self-administration of the indicated medication and give permission for his/her self-administration of the prescribed medication(s).
 I agree to indemnify and hold the school, and its employees and agents, harmless against any claims relating to the self-administration of such medication.

Date _____

Signature of Parent or Guardian

Note: Medication is to be brought to school in the original container appropriately labeled by the pharmacy or physician, stating the name of the medication, name of the recipient and dosage to be given. Most pharmacies are happy to provide a separate labeled bottle for school doses.

Please direct communication regarding medication to:
 Kathy Huerter, RN, School Nurse - USD 364
khuerter@usd364.org phone 562-3641 / fax 562-3411

MEDICATIONS IN SCHOOL

USD 364

The medication policy of USD #364 allows school personnel to administer medications (prescription or "non-prescription) to a student **ONLY** with the Written Order of a Physician or Dentist, and the Written Permission of the Parent(s). This means that students cannot be given plain Tylenol, Aspirin, cough medicine, cold remedies, etc. without a written physician order and written parental permission. The same rules apply to prescription drugs as for "over-the counter" medications.

All medications in school need to be supplied by parents for their child in the original and appropriately labeled container. Most pharmacies are happy to provide a additional Rx prescription bottle for school doses if asked to do so. The school will not supply any medication for students; the sole exception being antiseptic solutions used in the prudent prevention of infection to external cuts, lesion, and abrasions.

Students with communicable illnesses should stay home. Children with chronic conditions and resolving medical conditions requiring medications can and will be accommodated. Check with your physician about the need to send medication to school at the time he/she is seen. In most instances, medications prescribed three times daily can be given outside school hours. Parents may come to school at any time to give their child needed medication(s).

Medication order forms are available in the offices of all attendance centers. In addition, one has been provided on the back of this notice. Copies of this form will also be sent to local physicians. If you or the physician your child visits does not have one of our district's forms, or chooses not to use it, the written order the physician supplies will suffice in most cases. Parents will need to sign permission for medication to be given by school personnel as delegated by the school nurse.

The dispensing and handling of all medicines in school is the responsibility of the school nurse. Permission slips, notes regarding student illness, and inquiries about this or other health related matters need to be directed to the school nurse. If the school nurse is unable to give the medication herself, this responsibility will be delegated, with instruction, to an appropriate school employee (a teacher, secretary, paraprofessional, etc.)

Medications brought to school by students without the required permission slips from the parent or physician will not be given by school personnel. If this happens, we will make an effort to get in touch with a parent to arrange for parental administration or obtaining the necessary written physician/parent permission.

NOTE: Many pain relievers are now available in extended length doses. For example, Children's Motrin is available in forms lasting up to 6-8 hours. Please check product information on medication labels or ask your pharmacist to assist you to select preparations which might allow relief of symptoms for most or all of the school day.

Please direct communication regarding medication to:
Kathy Huerter, RN, School Nurse ~ USD 364
khuerter@usd364.org Phone 785-562-3641/Fax 785-562-3411

Short term medication log for _____ (student name)

Date:	Time:	Administered by (initials):	Comments:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____