

# APPOMATTOX COUNTY PUBLIC SCHOOLS

## REQUEST FOR PRESCRIBED MEDICATION ADMINISTRATION

### **PART I – TO BE COMPLETED BY PHYSICIAN**

*I certify that, in my opinion, it is medically necessary that the medication described here within be administered during school hours and that this medication may be administered by school personnel.*

NAME OF STUDENT: \_\_\_\_\_

MEDICATION: \_\_\_\_\_

DOSAGE & TIME: \_\_\_\_\_

ROUTE: \_\_\_\_\_

DURATION: \_\_\_\_\_

RELATED DIAGNOSIS: \_\_\_\_\_

DATE OF ORDER/PRESCRIPTION: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PHYSICIAN/PRACTITIONER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
TELEPHONE #

### **PART II – TO BE COMPLETED BY PARENT/GUARDIAN**

*I, \_\_\_\_\_, request that the school nurse, or nurse designee administer the above medication to my child during school hours at the times indicated. I will furnish the medication in an original pharmacy container with unaltered pharmacy label intact. I also will administer the first dose of the medication to the child at home prior to the start of the next school day. Further, I understand and accept that the Appomattox County School Board and school employees are not responsible for any effects of the medication administered.*

\_\_\_\_\_  
SIGNATURE OF PARENT/LEGAL GUARDIAN

\_\_\_\_\_  
DATE

### **PART III – TO BE COMPLETED BY SCHOOL NURSE**

#### **CHAIN OF CUSTODY**

DATE RECEIVED IN CLINIC	
MEDICATION NAME & FORM	
AMOUNT OF MEDICATION RECEIVED	
CORRECT CONTAINER & LABEL	
RECEIVING NURSE/ADMINISTRATOR	
DELIVERED TO CLINIC BY WHOM	
ADDITIONAL NOTES	

DATE MEDICATION ENDED	
AMOUNT OF MEDICATION LEFT	
REASON MEDICATION ENDED	
WAS MED. WASTED OR PICKED-UP	
SIGNATURE OF 2 SCHOOL EMP. FOR WASTING – ONE MUST BE NURSE	
SIGNATURE OF PARENT/GUARDIAN AND NURSE/ADMIN. FOR PICK-UP	

ADDITIONAL NOTES AND OCCURANCES	NARRATIVE

## **PRESCRIPTION MEDICATION ADMINISTRATION IN APPOMATTOX COUNTY PUBLIC SCHOOLS**

- 1.** A Physician's Authorization Form must be completed in its entirety, to include the prescribing practitioner's signature, parent's signature, and the documentation of the school nurse receiving the medication.
- 2.** Only one medication per form allowed. For multiple prescriptions, a separate form is needed for each.
- 3.** We encourage parents to work with the physician to develop a schedule that minimizes or eliminates the necessity of taking medications at school.
- 4.** A prescription medication must never be transported to the school clinic or back home, by a student. A parent/guardian must always be the one to deliver the medications.
- 5.** The first dose of any new medication should never be given while at school or during the morning hours before the start of the school day. Please start any new medication at home on the day(s) before the child returns to school. This is to minimize the student's chances of having an allergic reaction while at school.
- 6.** Nurses will communicate with parents regarding any remaining medication after end of prescription, and if no arrangements can be made or if the parent does not wish to pick up, then the medication will be wasted/disposed of by the school nurse.
- 7.** All prescription medications received in the clinic must be in an original pharmacy container with an unaltered pharmacy label. The label must contain the student's name, the physician/practitioner's name, pharmacy's telephone number, dosage, schedule, and dose form, as well as the date of expiration of prescription.
- 8.** If a medication must be taken at both home and school, a pharmacist can divide the medication accordingly and provide the parent with a second pharmacy container with label for school doses. If this is not done, please note again that the school will need the pills to be in the original container/labeled.
- 9.** It is the right and responsibility of the school nurse to contact the prescribing practitioner if she has questions concerning the administration of the medication to the student, and it is her prerogative to question and hold (not administer) the medication if she feels a student may be compromised by a medication order.
- 10.** If a nurse suspects a student is having a reaction to the prescribed medication, she will first tend to the child medically by administering any needed first-aid/emergency care & transport, and will then contact the prescribing practitioner and parent/guardian.