

## Medication at School

According to Board Policy JGFGBA, USD 378 will assist in administering medications to students requiring medications throughout the day. Before any medication is administered by school personnel, the following procedures must be in place.

1. All **Prescription Medication** must have a written order from a medical person licensed to prescribe medication on file. The order, preferably written on the school's "*Permission to Administer Medication*" form, must include student's name, date, medication name, dosage, directions for administration, anticipated number of days to be administered and side effects. A parent/guardian must also sign this form. If the medication is to be given for 2 weeks or less, the original properly labeled container may be substituted for the medical prescriber's written order, however, parent/guardian must still provide written permission. (Example: antibiotic, eye-drops, etc.)
2. **Self-Administered Medications** are limited to: Inhalers for Asthma, Epi-pens for Anaphylactic/Allergic reactions and/or Insulin for Diabetes. This does NOT include Prescription or over-the-counter medications. A signed permission form by a medical person licensed to prescribe medications, a parent/guardian AND the student must be on file. **Note: This includes all inhalers kept on hand for sport's or PE activities, coach's bags, etc.**
3. For **occasional medication needs**, A LIMITED SUPPLY of over-the-counter medications is available for students. Written parental permission is required. This includes: Acetaminophen, Ibuprofen, Cough drops, Antibiotic ointment, Anti-acid tablets, and Anti-itch lotion/cream. The School Nurse will evaluate the student's needs and will notify parent when medication is needed. Acetaminophen and Ibuprofen will be limited to 3 doses per month. An increased usage will require parents to send the student's own supply along with additional written permission and specific directions. See Item #4.
4. For any **Over-the-Counter medications** not previously mentioned (eye drops, nasal spray, etc.) or for any **Chronic or Frequent condition** requiring regular administration of an over-the-counter medication, a "*Permission to Administer Medication*" form should be completed and signed by parent/guardian, and prescribing physician, if applicable. Medications must be sent in original container and properly labeled.

### \*\*Note

- All medications must be sent in the original container. (Pharmacies will furnish extra labeled containers, for school, when asked.)
- Medication will be kept at school for the duration of time noted on permission form.
- All Permission forms for on-going medication and occasional-use medication must be renewed yearly.
- Copies of all permission forms can be found in the school handbook, downloaded from the school's website, or obtained from the school secretary or school nurse.