

Dear Parents:

The Midd-West School District has a policy regarding medicine to be administered to students (Policy Guide 210 – Use Of Medications).

For purposes of this policy, "medication" shall include all medicines prescribed by a physician and over-the-counter patent medicines.

Before any medication may be administered to any student during school hours, the District requires:

- (1) The written request of the parent/guardian which gives permission for such administration and relieves the District and its employees of liability for administration of medication.
- (2) The written order of the prescribing physician which includes the name of the student, the name and purpose of the medication, the dosage, the time at which or special circumstances under which the medication shall be administered, and the dates for which medication is prescribed.
- (3) **Medication must be in the original labeled container. Medications in plastic bags or other non-original containers are not acceptable.** This can be accomplished by asking the pharmacist to divide the dosage into two labeled containers (one for school; one for home) when the prescription is filled. If that is not possible, please send the original container to school with the necessary amount of medication for school dosage; keep the remainder at home. Medication prescribed by a physician must be adhered to in accordance with the prescription as to dosage, time, etc. Non-prescription medication may be given to your child by school personnel provided you have met the above requirements, omitting the physician's order.
- (4) Inhalers for asthma: Students may carry inhalers when needed provided they can administer the inhaler independently. A physician's order **must** state that the student can carry the inhaler.
- (5) **All medications must be delivered to school and retrieved by the parent/guardian.**

Below is an authorization form to be used by parents and/or guardians to administer any form of medication to their school child. Please comply with the form. The document will be kept on file in the office of the School Nurse.

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Name Of Student _____ Grade _____
(Last) (First) (Middle)

Name Of Medication _____

Purpose Of Medication _____

Dosage _____

Date(s) To Be Given _____

Time(s) Of Day To Be Given _____

Prescribed By _____

Signature of Physician

I hereby give my permission for the medication listed above to be given to my child by the School Nurse or the designee of the nurse. I relieve the Midd-West School Board and its employees of liability in the administration of this medication.

I hereby give my permission to the School Nurse to share information relevant to the prescribed medication administration as he/she determines appropriate for my son's/daughter's health and safety.

I understand I may retrieve the medication from the school at any time; *however, the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.*

Signature Of Parent/Guardian Date

A REMINDER CONCERNING MEDICATION USE IN SCHOOL

Ideally, all medication should be given at home. However, students may be required to take medication during school hours. Students who need to take medication during school hours must comply with school district regulations. These include the following:

1. The written request of the parent/guardian which gives permission for such administration and relieves the District and its employees of liability for administration of medication.
2. The **written order** of the prescribing physician which includes the name of the student, the name and purpose of the medication, the dosage, the time at which or special circumstances under which the medication shall be administered, and the dates for which medication is prescribed.
3. **Medication must be in the original labeled container.** Medications in plastic bags or other non-original containers are not acceptable. This can be accomplished by asking the pharmacist to divide the dosage into two labeled containers (one for school; one for home) when the prescription is filled. If that is not possible, please send the original container to school with the necessary amount of medication for school dosage; keep the remainder at home. Medication prescribed by a physician must be adhered to in accordance with the prescription as to dosage, time, etc. Non-prescription medication may be given to your child by school personnel provided you have met the above requirements.
4. Inhalers for asthma: Students may carry inhalers when needed provided they can administer the inhaler independently. A physician's order **must** state that the student can carry the inhaler.
5. **All medications must be delivered to school and retrieved by the parent/guardian.**

NO MEDICATION WILL BE GIVEN UNLESS THESE INSTRUCTIONS ARE FOLLOWED.

For more information, please refer to the medication forms available at school or refer to the student handbook.

Thank you for your cooperation in this matter.

- PLEASE NOTE:
1. Medications to be given three times per day will be given at 2:00 p.m.
 2. Medications to be given four times per day will be given at lunch time.
 3. If times need to be different, have the physician specify, in writing, the time medication is to be given.

Sincerely,

Candace K. Benner, R.N.
School Nurse

Ann M. Murray, R.N.
School Nurse