



## **Medication Policy USD 234**

- 1) Written permission from the parent/guardian must accompany all prescription and over-the-counter medication sent with students to school. All medication must be sent in the original container and include time, dosage, and duration the medication is to be given. You may need to ask your pharmacist for an additional bottle appropriately labeled for prescription drug use at school.
- 2) Any change in the type of medication, dosage, and/or time of administration must be accompanied by the new permission form.
- 3) All medications deemed necessary to be given at school should be brought to the office by a parent/guardian and the nurse or delegated personnel will supervise their administration. **Medications should not be sent on the bus or brought to school by the student.**

The medication policy was developed to insure the safety of the child in cases where medication is needed at school. It is desirable for medication to be administered in the home; however, it is the school's intent to cooperate with the parent and physician in seeing that the student receive the correct medication and dosage at the proper time. All medication prescribed for three times a day can be given before school, after school, and at bedtime unless specifically requested by the physician. Call the school or school nurse if you have any questions.



## Authorization/Permission for Dispensing Medication

Note: This form is to be completed and signed by both the physician and parent/guardian before any medication will be dispensed.

### Physician Authorization

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Medication \_\_\_\_\_ Date Started \_\_\_\_\_

Dosage \_\_\_\_\_ Time Given \_\_\_\_\_

Anticipated Reactions/Possible Side Effects \_\_\_\_\_

\_\_\_\_\_

Treating Diagnosis \_\_\_\_\_

Change/Cessation of Medication \_\_\_\_\_

Other Recommendations \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

### Parent Authorization/Permission

I hereby give my permission for \_\_\_\_\_ to take the above prescription medication 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 drug to my child in accordance with written instructions from the physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student as a result of administering such drug.

Note: The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician stating the name of the medication, dosage, and times to be administered.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

