

## Medication Administration Release Form

Board of Education Policies

School: \_\_\_\_\_ Year: \_\_\_\_\_ Principal: \_\_\_\_\_

I authorize school personnel to administer medication to my child in my place during the school day according to the current medication board policy. I understand that all medication will be stored in a limited access area, and the quantity of medication in each new prescription bottle will be counted and recorded. I release Pulaski County Special School District and personnel from any and all liability related to medication administration. I understand that as the parent, I may designate a trained staff member to provide medication to my student in the absence of the Registered Nurse. The Arkansas Department of Education Commissioner's Memo states the following (LS-19-006): "If the school nurse is not available at the time of need, the parent may delegate a prescription oral controlled substance administration to a specific designee for the medication indicated and time of administration." I designate the following trained staff members to administer medication to my student in the absence of the school nurse: my student's assigned teacher, the office registrar or bookkeeper, the secretary, the paraprofessional or the designated field trip staff member if deemed appropriate by the school Registered Nurse.

I understand and agree that I will be responsible for payment of all medical services incurred, including emergency transport and care that is not covered by the student's health insurance plan.

Student Name: _____	Grade: _____	Teacher: _____
Medication: _____	Dose: _____	Time: _____
Health Concern: _____	Physician: _____	
Preferred Hospital: _____	Phone: _____	
EMERGENCY CONTACT: _____	PHONE(S): _____	

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICATION POLICY:** *Revised 05/2019*

It is the policy of the PCSSD School Board that no drug or medicinal preparation, except for medicines or medications used in first aid, will be administered to students on any school premises by school personnel unless the student requires the medication in order to attend school. To ensure a safe method in dispensing medications to students, a current and valid physician's prescription with instructions as well as a written request from the student's parent/guardian must be provided to school personnel.

**Guidelines:**

1. Only medications prescribed by a physician will be given at school.
2. All medication (both prescription and over the counter medicine) must be in a container (bottle) with a prescription label noting the name of the student, medication name, dosage, and clear directions for administration.
3. School personnel are not trained to determine when non-scheduled medications are needed, as this is a form of prescribing. However, there are times when PRN (as needed) medication may be required. A physician statement must be provided giving specific instructions regarding how much, when, and how often the medication is to be given.
4. This consent form (MARF) must be signed by the parent/guardian for any medication to be given to a student at school. Handwritten notes are not acceptable.
5. No medication that is to be given three (3) times a day or less will be administered at school unless a physician's statement specifically directs the medication to be given at a certain time.
6. In order to ensure medication efficacy and student safety, no scheduled medication will be administered at school within 1 hour of the arrival bell or within 1 hour of the dismissal bell.
7. Building level personnel and school nurses will administer medicine to students according to Board Policy Code JLCD-R.
8. A locked and limited access area for storage of medications will be provided.
9. Parents/guardians shall be responsible for transporting medication to and from school for students in grades K-12 unless other arrangements are made with the school nurse or principal. It is recommended that parents/guardians bring a month supply to school and note when more medicine is needed to prevent missed doses due to depleted supply. The quantity of medication will be counted and recorded when medication is brought to the school.
10. At the end of the school year, any unused medication must be picked up by parent/guardian on or before the last day. All medication not picked up will be destroyed in the presence of a witness, unless prior arrangements have been made.
11. The school nurse or designee must administer all medications. However, to comply with Act 1694 of 2005, an exception will be made for students to carry/self administer asthma inhalers or emergency medications required for documented health conditions with a physician order and school nurse approval. An emergency health care plan and this consent (MARF) must be on file. For the student's protection, the nurse or designee will not give a dosage of medication in excess of the recommended dosage on the label unless a physician's order is received.
12. The initial dose of a new medication must be given by the parent/guardian outside of the school setting.
13. No sharing of any medication is permitted.
14. Narcotic pain medication will not be administered in the school setting. Students requiring this type of medication should stay home.
15. All medication must be provided in the correct dosage prescribed by the physician. Any alteration to the medication pill required to provide correct dosage should be completed by the pharmacy or parent/guardian prior to bringing the prescription bottle to the school.
16. Any substance that does not have approval by the Food & Drug Administration will not be administered at school.

Year: 2020-21 Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

	August	September	October	November	December	January	February	March	April	May	June
1						Winter Brk					Make Up
2											Make Up
3											Make-up
4						PD					Make up
5											
6				PD							
7		Labor Day									Make up
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18						MLK Holiday					
19											
20											
21					Winter Brk						
22					Winter Brk			Spring Brk			
23					Winter Brk			Spring Brk			
24					Winter Brk			Spring Brk			
25				Fall Break	Winter Brk			Spring Brk			
26				Fall Break	Winter Brk			Spring Brk			
27				Fall Break	Winter Brk						
28					Winter Brk						
29					Winter Brk						
30					Winter Brk						
31					Winter Brk					Memorial Day	
Total	6:_____	21:_____	22:_____	18:_____	14:_____	18:_____	23:_____	18:_____	23:_____	20:_____	

Medication Quantity Received:

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Medication Quantity Received:

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Medication Quantity Received:

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Date: \_\_\_\_\_ #: \_\_\_\_\_ Initials: \_\_\_\_\_

Medication Administration:

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Signature: \_\_\_\_\_ Initials: \_\_\_\_\_