



## MEDICATIONS AT SCHOOL



### ***PLEASE DO NOT BRING MEDICATIONS TO SCHOOL WITHOUT THE ADMINISTRATION OF MEDICATION FORM!***

In order to safely and legally give prescription or over the counter medications (including cough drops) written permission by the licensed prescriber (doctor or nurse practitioner) and parent is required. All school personnel has been informed that the administration of any drug without this written permission could be interpreted as practicing medicine and is prohibited by law. Whenever possible, medication should be administered before or after school hours. The following rules will apply this year for medication:

1. Each medication requires a separate medication form.
2. A revised statement, signed by the licensed prescriber and the parent/guardian must be submitted whenever any change from the original physician order occurs.
3. All medication forms expire at the end of the school year and a new one must be submitted at the beginning of each school year.
4. All medications must be brought to the Main Office or School Health Office by a parent, guardian, or parent-designated representative to the school secretary or school health associate.
5. Medication forms must contain the following information: the name of the medication, dosage, time of administration, specific instructions (if applicable), duration of medication and possible side effects.
6. The medication must be in the original container in which it was dispensed. It must have an affixed label including student's name, name of medication, dosage, route of administration and the time of administration. Pharmacies can provide additional medication bottles with prescription labels if needed.
7. Students are not permitted to carry medication on their person unless there is an agreement with school personnel and a medication form has been submitted by the parent/guardian AND the licensed prescriber. This includes asthma inhalers and epinephrine auto-injectors.

If your child is prescribed a medication for an acute illness that must be taken during the school day, please have the prescriber complete an "Administration of Medication" form. This form is also posted on Progress Books and the St. Gabriel website under the Forms tab.

The school health associate will not be able to dispense any type of medication unless the proper paperwork has been completed. Feel free to make extra copies of the attached form, if needed. Should you have any questions, please feel free to call the Main Office or the School Health Associate.



# ADMINISTRATION OF MEDICATION

School policy requires consent of the parent/legal guardian and written statement from the licensed prescriber before school personnel can give any **prescribed or over-the-counter** medication to a student. Please complete this form and return to the school office.

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_  
Address \_\_\_\_\_ Telephone \_\_\_\_\_  
Allergies \_\_\_\_\_

## To be completed by LICENSED PRESCRIBER

In accordance with ORC 3313.713/ 3313.716 The Licensed Prescriber **must** provide the following information before a student is allowed to receive medication at school or possess and self-administer an asthma inhaler, epinephrine auto-injector, or insulin pump.

Condition for which medication is administered \_\_\_\_\_  
Name of medication, dose and route \_\_\_\_\_  
Time or indication for administration \_\_\_\_\_  
Possible side effects to be noted/reported \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
Effective Date \_\_\_\_\_ Expiration date of this request \_\_\_\_\_

For **ASTHMA INHALERS, EPINEPHRINE AUTO-INJECTORS, AND INSULIN PUMPS** – In my opinion, this student shows the ability to administer and be responsible for carrying and self-administering the above medication.

YES \_\_\_\_\_ (initials) NO \_\_\_\_\_ (initials)

**The following section is REQUIRED for ASTHMA INHALERS or EPINEPHRINE AUTO-INJECTORS that a student is carrying and self-administering, and is OPTIONAL for other medications:**

- Instructions to follow in the event medication does not produce expected relief \_\_\_\_\_
- Please list possible side effects for a student for which the medication is not prescribed should he/she receive a dose: \_\_\_\_\_

Licensed Prescriber Signature \_\_\_\_\_ Print Name \_\_\_\_\_  
Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone Number \_\_\_\_\_

## To be completed by PARENT/GUARDIAN

I give permission for the principal or his/her designee to administer the medication as prescribed above to my child, and further agree to the following:

1. Submit to school personnel a revised statement, signed by the licensed prescriber of the above, when any change in the original statement occurs.
2. Submit to school personnel a written statement when medication has been discontinued.
3. Grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
4. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
5. All medications must come to school in the original container from the pharmacist.

For **INHALERS, EPINEPHRINE AUTO-INJECTORS, AND INSULIN PUMPS**: It is my opinion that my child understands the use of this medication, demonstrates proper administration and has shown responsible behavior when it comes to carrying this medication.

\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Initials

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Daytime Phone Number \_\_\_\_\_

\*\*\*\* THIS FORM EXPIRES AT THE END OF THE SCHOOL YEAR