

Dispensing of Medication to Students Grades 6-12

****MEDICATION ORDERS MUST BE RENEWED AT BEGINNING OF EACH SCHOOL YEAR****

In order for the school nurse to give your child any medication during school hours, school sponsored activities and field trips all of the following requirements must be met:

1. All prescription and non prescription medications must have parental/guardian consent to be administered along with a written physician order with the following information:

**Student's name, Name of medication, Dosage/time, Prescribing Physician,
Reason for prescribing the medication
Any adverse reactions that need to be observed and reported**

2. All prescription medication must be in the original pharmacy labeled container. (Ask the pharmacist to provide a second labeled bottle for school use)

4. All over the counter medication provided by the parent/guardian must be in its original labeled unopened container with the student's name. Stock Acetaminophen and Ibuprofen are available in the nurse's office and can be given by the school nurse (with a physician order) unless the parent/guardian chooses to bring in the student's own Acetaminophen/Ibuprofen. **All other over the counter medication must be provided by the parent.**

5. All medication must be brought to the school nurse by a parent or other responsible adult. Students, with the exception of diabetics, are NOT allowed to carry medications to and from school or have medications in their locker or on their person with the exception of asthma inhalers and Epi-pens which may be carried with a physician's written order on file in the nurse's office.

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Student Name _____ *Grade* _____

Medication _____ *Dosage* _____ *Time* _____

Reason for Medication _____

Adverse Reactions _____

For all extended day/overnight school sponsored activities & field trips throughout the school year (other than regular school hours)

Times given: AM dose/time _____ *PM dose/time* _____

Physician's Signature _____ *Date* _____

I, being the parent/guardian of the above student give the school nurse permission to discuss with the doctor this medication order and administer the above medication to my child.

Parent/Guardian Signature _____ *Date* _____