

Dispensing of Medication to Students

*******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 **each year**:

1. **All prescription medications** must be in their original pharmacy containers, which are properly labeled with the following information:
a) **Student's name** b) **Name of medication** c) **Dose/time** d) **Prescribing Doctor**
All non-prescription medication(s) (over the counter) must be in its original, unopened manufacturer's container with the student's name affixed to the container. Stock Acetaminophen/Ibuprofen tablets are available in the Nurse's office and can be given by the school nurse with a physician's order.
All other over-the-counter medication(s) must be provided by the parent.
2. An **ORIGINAL SIGNED ORDER** from the prescribing physician containing all of the above information plus:
a) Reason for prescribing the medication
b) Adverse reactions that need to be observed and reported
3. A **signed note from the parent giving the school nurse permission to dispense the medication as prescribed by the doctor**
4. **All medication must be hand delivered to the school nurse by a parent or other responsible adult.** Students are **NOT** allowed to carry medications to and from school or to 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 each school year.**

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Student Name _____ **Grade** _____

Medication _____ **Dosage** _____ **Time** _____

Reason for Medication _____

Adverse reactions _____

*For all day/overnight school sponsored activities & field trips throughout the
School year*

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** _____