

**NORTHWEST R-I SCHOOL DISTRICT
POLICY FOR ADMINISTERING NON-INJECTABLE MEDICATION AT SCHOOL**

The School does not supply medication. Medication shall not be administered in the classroom setting without proper documentation. If a student brings medication from home to be taken while at school the following policy will be in effect or the student shall be subject to disciplinary action:

1. ONLY PRESCRIPTION MEDICATION will be given by school personnel. NO over-the-counter medication (including aspirin) will be given unless it is prescribed by a physician.
2. Medication prescribed by a physician must have a pharmaceutical label or a note from the physician indicating the following information:
 - a. Student's name
 - b. Current date
 - c. Name of medication and specific instructions such as amount and time to be given
 - d. Name of doctor prescribing medication
3. All medication brought to school must be in a container appropriately and currently labeled by the pharmacy or physician with instructions as described in item #2. Your pharmacist can give you an extra labeled bottle to use for medicine to be sent to school.
4. A note from the parent should accompany the medication. The parent permission form is on the back.
5. The nurse shall have authority to consult with the appropriate physician in accordance with the requirements of the Nurse Practice Act.
6. If this policy is not followed, the medication may not be administered until the necessary information is received. Medication will be returned to the parent with a copy of this policy.
7. Students are only allowed to carry medications with them if these circumstances are met:
 - a. Diagnosis of chronic or specific problems requiring medication for emergency situations.
 - b. Medication must be properly labeled.
 - c. Request from a physician, renewed annually, stating the student's name, name of medication allowed to carry, dosage and frequency of medication administration, and potential side effects of medication.
 - d. The student, the school nurse, and the parent must agree to the conditions under which the medication is to be self-administered.
 - e. The student's health status and abilities have been evaluated by the nurse who deems self-administration is safe and appropriate. The school nurse may request to observe the initial self-administration of the medication.
 - f. The requests in writing for self-medication from the physician and parent/guardian will be kept on file in the school nurse's office.
8. It is the responsibility of the parent to keep the school informed regarding any changes in the student's health status.

All students using an inhaler at school or on the bus will be asked to return the completed form to the Nurses' Office in their building. Please read the information sheet "Carrying Inhaler on Person at School and on Bus" before completing this form

**NORTHWEST R-I SCHOOL DISTRICT
PARENT AUTHORIZATION FOR MEDICATION ADMINISTRATION**

STUDENT NAME: _____ Date of Birth: _____

Parent/Guardian Name (print): _____

Phone numbers Home: _____ Work: _____ ext. _____ Cell: _____

Other person(s) to be notified in case of a medication emergency:

Name: _____ Telephone #: _____ Alt # _____

My son/daughter has the following food or drug allergies: _____

I am requesting the school nurse or designated school personnel to administer the medication to my child as prescribed
By: _____

Name of Licensed Prescriber (signature NOT required)

Telephone # _____

I give permission to the school nurse to share information relevant to the prescribed medication administration as the nurse determines appropriate for my son/daughter's health and safety.

I understand that the nurse may be required to communicate with the appropriate physician in accordance with the requirements of the Nurse Practice Act.

I understand I may cancel this request at any time, and /or retrieve the medication from the school. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school.

I understand that when my child participates in a field trip away from his/her school the medication may NOT be administered by the school nurse or health room assistant. If I have special instructions for my child's medication for this particular day I should contact the school nurse's office prior to the day of the field trip.

Parent/Guardian Signature

Date

MEDICATION INFORMATION

Name of Medication: _____ **Dosage** to be given at school _____

Time(s) of day to be administered at school: _____

Number of days to be administered at school: _____ **Purpose of medication:** _____

Any possible side effects, contraindications, or possible adverse reactions to be observed with this medication:

Other medication (s) taken (optional)