

AVENUE CITY SCHOOL

ADMINISTERING MEDICINES TO STUDENTS

If under exceptional circumstances a child is required to take oral medication during school hours and the parent can't be at school to administer the medication, the school nurse and or designee will administer the medication in compliance with the regulations that follow:

Prescription Drugs:

1. Medication shall be in the original container labeled with the physician's prescription and not be expired.
2. Ask your pharmacy to provide an extra labeled bottle for school.
3. Parents shall authorize school personnel to give medication. Authorization can be in the form of a note to the school acknowledging the parent's approval, dosage, times, amounts, date prescribed, name of medicine, purpose, possible side effects, and the termination date for administering medication.

Non-Prescription/Over the counter Medications:

1. Medication shall be in the original small container, not in a baggie and supplied by parent/guardian. Dosage will not exceed the manufacturer's instructions.
2. Parents shall authorize school personnel to give medication. This authorization can be in the form of a note to the school acknowledging the parents' approval, dosage times, amounts, date prescribed, name of medicine, purpose of medicine, possible side effects and the termination date for administering medication.

Protocol:

1. Students and Parents shall inform appropriate personnel of all prescription and non-prescription medications.
2. Students will be allowed to carry medications with the written permission from their parents and permission from the school nurse and or school administration. Any prescription medication will have to have physician approval.
3. If your child needs an Inhaler or Epi pen you must ask the doctor for a separate prescription to have at school. It is imperative that we have these emergency medications on hand for your child.
4. School nurses and/or school personnel will not administer the FIRST dose of ANY medication.

STUDENTS NAME _____ GRADE _____

NAME OF MEDICATION _____ DOSAGE _____

TIME TO BE ADMINISTERED _____ PURPOSE OF MEDICATION _____

POSSIBLE SIDE EFFECTS _____

DATE PRESCRIBED _____ TERMINATION DATE _____

I have read and understand the Avenue City School medication guidelines and give permission for my child to receive medication during school hours. I understand that the district retains the right to reject requests for administering medication. I also must assume the responsibility for informing school personnel of any change in the student's health or change in medication.

I acknowledge that AVENUE CITY SCHOOL will not be liable for any problems that may arise as a result of the administration of Prescription or Over the Counter medication by the school nurse or designee.

PARENT/GUARDIAN SIGNATURE

DATE