

MEDICATION POLICY

NOTE: If possible, parents are advised to give medication at home on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following guidelines must be followed. Parents may also come to the school during school hours to give the child the medication themselves.

PRESCRIPTION MEDICATIONS:

1. Parent/Guardian must sign an "Authorization For Medication At School" form granting the school nurse, teacher or other school staff permission to administer the medication and to contact the physician or dentist if necessary. Forms will be faxed to the child's physician for a signature.
2. Medication must be in a container appropriately labeled by the physician or pharmacist with the child's name, name of medication, dosage, date prescribed and physician's name. The medication is to be left with the school nurse, teacher or office staff at the beginning of the day.
3. Medication will be kept in an area of restricted access.
4. A record of medication administration shall be kept for each dose of medication administered.

NON-PRESCRIPTION MEDICATIONS:

Over-the-counter medications may be given at school by the school nurse, teacher or other school staff if the following guidelines are followed:

1. The "Non-Prescription Medication Parent Permission Form" must be signed. The school reserves the right to contact the physician if necessary.
2. The daily dose of medication must be sent to school in the original container/package.
3. Medication will only be given in the dosage and/or frequency recommended on the package for the child's age and/or weight unless accompanied by a physician's order changing the dosage and/or frequency.
4. A record of medication administration shall be kept for all over-the-counter medications given.

**PRESCRIPTION MEDICATION
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

One medication per form, per child. If additional forms are needed please contact the office at 402-635-2484

Student Name _____ Birth Date _____
School _____ Grade _____

THIS PORTION TO BE COMPLETED BY PHYSICIAN/DENTIST/PROVIDER

<u>Name of Medication</u>	<u>Dosage</u>	<u>Route</u>	<u>Time of Day</u>
_____	_____	_____	_____

If given prn specify the length of time between doses _____

Inhalers _____

Indicate if student must carry on his/her person

Student is capable of self-administration of medication _____ Yes _____ No

Possible side effects of medication _____

It is safe for unlicensed staff to provide this student this medication _____ Yes _____ No

Emergency procedure in case of serous side effects _____

I request an authorized that the above-named student be administered/provided the above-identified medication in accordance with the instructions indicated above from _____ to _____ (not to exceed the current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours.

Physician/Dentist/Provider Signature

Date

Name (Print or Type)

Telephone Number

Please Note: If samples of medication are to be give, they must be labeled with the name of the student, dosage, route, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to give medication to my student in accordance with the health care provider's instructions written above. I understand that unlicensed staff may be assigned to provide medication to my student, and I accept ultimate responsibility for monitoring the effects of this medication.

Permission to carry inhaler ___ Yes ___ No

Permission to self-administer medication ___ Yes ___ No

Parent/Guardian Signature

Date

Home Phone

Work Phone

**NON-PRESCRIPTION MEDICATION
PARENT PERMISSION FORM**

One medication per form, per child. If additional forms are needed please contact the office at 402-635-2484

Student Name _____ Date _____

Name of Medication _____ Dosage to be given _____

Time Medication is to be given _____

What is medication being given for? _____

Any special directions or comments? _____

If medication is being given when child has a specific complaint (EXAMPLE: headache), how many hours apart should above dosage be give? _____

I hereby grant the designated school personnel permission to administer the above named medication to the above named child according to my directions.

Parent/Guardian Signature

Date

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1. All medication must be in original container with a label and child guard cap.
 2. All medication dosages and times to be give must correspond to directions on the container. (EXAMPLE: no Extra Strength Tylenol or adult cough syrup to a child under the age of 12)
 3. The medication and permission form shall be left with the office personnel at the start of the day.
 4. Parents/Guardians will assume the medication is administered per request unless the designated personnel or school nurse notifies them by phone or note that the medication was not given and the reason why.
 5. Parents/Guardians are encouraged to pick up any unused medication as soon as possible after the child has completed taking it. At the end of the school year any medication that has not been picked up by the parent/guardian will be destroyed.