

COLONIAL SCHOOL DISTRICT MEDICATION POLICY

It is strongly recommended that medications be given at home. Parents are encouraged to confer with the student's physician to arrange medication time intervals to avoid school hours whenever possible.

No medication will be administered without a properly completed Medication Dispensing Form.

If medication must be given during school hours, please refer to the following procedures:

ALL MEDICATIONS, whether **PRESCRIPTION** or **OVER-the-COUNTER**, must be delivered to the Nurse's Office by a **Parent or Guardian**, in an **Original Pharmacy Container** with the **Medication Dispensing Form COMPLETED** by a **Physician and the Parent /Guardian**.

STUDENTS MAY NOT TRANSPORT MEDICATION TO OR FROM SCHOOL

Emergency Medications.

1. Emergency medications, such as Epi-Pens and Inhalers, may only be carried by the student when deemed appropriate and authorized by the prescribing physician and the school nurse.
2. Students should report to the nurse's office after self administering any medication at school.
3. Emergency medications kept in nursing office may be sent with teacher or principal's designee on field trips.
4. Students misusing authorized emergency medications, or carrying unauthorized medications to school will be subject to discipline as stated in the school handbook.

Narcotics.

1. Students should not attend school under the influence of narcotics.
2. In extraordinary circumstances, narcotics may be administered at school if this form and the Narcotics Administration Addendum are completed by the prescribing physician and a parent.

Field Trips. A school nurse may not be available to administer medications on field trips.

1. Parents and physicians must form an alternative plan for medication administration on such days and complete the reverse side of this form.
2. Daily medications for self-administration on field trips must be delivered to the teacher by a parent/guardian in the original pharmacy bottle which must contain only dose(s) needed during the field trip.
3. **No** daily medication will be sent on field trips from the nurse's office.

Must be completed by Parent/Guardian requesting medication administration at school:

I have read the Medication Policy and request the school district to comply with the order from my student's physician which is listed on the back of this form. **I understand that no changes can be made to the physician's orders.** The Colonial School District, and any employee thereof, is relieved of any responsibility for the benefits or consequences of the prescribed medication. The district bears no responsibility that the medication is taken. It is the student's responsibility to report to the nursing office at the appropriate time that medication is to be given.

Parent/Guardian name (print): _____

Parent/Guardian Signature: _____ Date: _____

MEDICATION DISPENSING FORM TO BE COMPLETED BY PHYSICIAN

Student's Name: _____ Grade _____ Room _____ Team _____

Name of Medication: _____ Dosage _____ Route _____
[Each medication requires a separate Medication Dispensing Form.]

Frequency/Time _____ Start date _____ End date _____

Reason for Medication: _____

Possible Side Effects: _____

Additional needs or requirements: _____

Completion of appropriate section is required:

Daily Medication

_____ I have reviewed the information with this student. He/She understands that it is their responsibility to report to the nursing office on a daily basis at the time stated above.

*On days that a **field trip** is scheduled:*

_____ This student is capable of self-administering this medication in the presence of a district employee.

OR

_____ This medication can safely be delayed for up to _____ hours and may be administered upon return to school.

Emergency Medications—Epi-pens, Inhalers or Other

_____ I have instructed this student on self-administration and give permission for this student to carry this medication with him/her and self-administer at school, on field trips and in transit to or from school. He/she should report to the nursing office to report use of medication.

_____ I do not feel this student is capable of self-administration. Therefore, medication must be kept in the school nursing office and administered by the school nurse if necessary. Emergency medication may be sent with a CSD staff member for field trips.

Action Plan for Emergency Medications: (Completion of this section is **required in all fields** for emergency medications)

This student has the following allergies/medical conditions that may require emergency medication:

The usual symptoms for this student include: _____

Specific instructions for medication administration: _____

Additional needs or requirements: _____

It is my understanding that the employees of the Colonial School District charged with the administration of medication may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed this above medication and the student above is under my supervision for diagnosis and treatment.

Physician's name (printed): _____ Signature: _____

Date: _____ Phone # _____ Fax # _____

To be completed by School Nurse (if applicable): In accordance with the physician's order above, I have witnessed this student practice administration of the medication required and certify that he/she demonstrated safe and accurate use of the prescribed medication.

- _____ knows when to use medication _____ demonstrates proper use of medication
- _____ understands he/she should report to the nurse after using the medication
- _____ understands the medication must be kept secured in backpack or school bag & no one else may touch or use the medication

Signature of School Nurse

Date