

NORTH LAWRENCE COMMUNITY SCHOOLS
Policy/Procedure for Administering Medications to Students

NON-PRESCRIPTION medication may be administered to students by school personnel only when accompanied by written instruction from the parent/guardian. These instructions must include:

1. Name of student and date
2. Name of non-prescription medication
3. Purpose, dosage and directions for administration
4. Over-the-counter medication not normally recommended for children (aspirin containing products such as Pepto Bismol) must be accompanied by a physician's order signed by the physician.
5. The medication must be in the original container with the label intact and with current expiration date.

PRESCRIPTION medication may be administered to students by school personnel only when accompanied by written permission from the parent/guardian AND written instructions from a physician. (The label on the prescription container fulfills the requirement for physician's orders.) The instructions must include:

1. Name of patient and date
2. Purpose, dosage and directions for administration
3. Name of prescription medication
4. Signature of physician

ADDITIONAL ITEMS FOR PARENT/GUARDIAN

1. All student medication to be administered at school should be brought to school by the parent/guardian or a designee who is at least eighteen (18) years of age. (Students attending NLCS who travel daily from school corporations outside of NLCS are exempt from this policy.)
2. Medication that is possessed by a school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:
 - (1) the student's parent/guardian; or
 - (2) an individual who is
 - a. at least eighteen (18) years of age; and
 - b. designated in writing by the student's parent to receive the medication.
 - c. A school corporation may send home medication that is possessed by a school for administration during school hours or at school functions with a student in grades 9 through 12 if the student's parent/guardian provides written permission for the student to receive the medication.
3. Parents/Guardians must sign the "Permission to Administer Medication" form which is available in all school offices.
4. All long-term medication orders will be reviewed and must be updated yearly by the ordering physician.
5. All medications must be presented to the office for control and dispensing purposes. Exceptions must be approved by the administrator, accompanied by an order signed by the physician, and with written parental/guardian permission.
6. It is the student's responsibility to report to the office for dispensing of medication (unless incapacitated.)
7. All NON-PRESCRIPTION and PRESCRIPTION medications must be in the original containers, with the labels intact. **MEDICATION WILL NOT BE GIVEN IF THE LABEL HAS BEEN ALTERED IN ANY MANNER.**
8. Any changes in dosage (example: Ritalin increase from 5 to 10 mg.) must be accompanied by a new physician's order or new pharmacy label/container, and parent/guardian consent.
9. Parental permission forms/notices and written physician statements/orders will be kept on file in the school office.
10. Herbal products do not meet the same FDA standards as medications and therefore cannot be administered during school hours.
11. When a medication is ordered once, twice or three times daily it should be given at home.
12. Medications that cause drowsiness will not be dispensed at school. After surgery or injury, students should recover at home until pain can be controlled with Tylenol or Advil-like products.

NORTH LAWRENCE COMMUNITY SCHOOLS
HEALTH SERVICES

Student Name: _____ Date: _____

Medication that is possessed by an NLCS school for administration during school hours or at school functions for a student in grades kindergarten through grade 8 may be released only to:

- (1) the student's parent/guardian: or
- (2) an individual who is:
 - (A) at least eighteen (18) years of age; and
 - (B) designated in writing by the student's parent/guardian to receive the medication.

If I am unable to pick up my child's medication from school, I give permission for
_____ to pick up the medication.

Parent/Guardian Signature: _____ Date: _____

**NORTH LAWRENCE COMMUNITY SCHOOLS
PARENT AUTHORIZATION TO DISPENSE MEDICATION**

NAME _____ **BIRTH DATE** _____

PARENT/GUARDIAN _____

HOME PHONE _____ **WORK PHONE** _____ **OTHER** _____

GRADE _____ **TEACHER** _____

I request that the following medication be administered to my child by the appropriate school staff member.

Name of medication _____

Prescribed by _____
(Physician's Name, if prescribed medication) (Telephone Number)

Amount to be given _____

Time of day to be given _____

Expected Duration of administering medication: From _____ Through _____

Comments:

1. Possible side effects _____

2. Other helpful information concerning medication _____

I understand that this medication will be furnished by me, given to a school staff member and provided in the original container. I will notify the school immediately if the medication has been discontinued or dosage changed. I give consent for an NLCS School Nurse to contact my child's physician's office for clarification of this prescription order.

(Signature of Parent/Guardian)

(Date)

***Additional Notes: Any medication on hand at the end of the school year will be disposed of if not picked up by parent or other adult designated by parent.**

A new permission letter is required each school year for each medication to be given.

Please refer to the NLCS Guidelines for Administering Medication to Students (10/1991, Rev. 3/09).