

ADMINISTRATION OF MEDICATION BY SCHOOL NURSE

PLEASE KEEP FOR REFERENCE

Dear Parents and Physicians:

The providing of medical care to the student is the responsibility of the parent and should not be assumed by the school.

Whenever possible, we would prefer that students not require medication during school hours. If it is absolutely necessary that medication be given during school hours, the following policy will apply.

1. For legal purposes, a written permission for administering medication must be obtained from the student's parents and from his physician. The administration of any drug (prescription or over-the-counter) without the order of the physician and the permission of the parent or guardian could be interpreted as practicing medicine and is prohibited by law.
2. The statement should include the students' name, name of medication, dosage time it should be given, possible side effect. If any, and length of time the student will be taking the medication. This information is needed for each new medication or dosage change. No medication will be given unless this information and permission is provided. **THIS IS A STATE LAW.**
3. **THE STUDENT IS RESPONSIBLE FOR REPORTING TO THE NURSE ON TIME FOR HIS/HER MEDICATION.**
4. Medications will be given during lunch/recess and as needed.
5. Medications cannot be transported on the school bus. The parents must bring the medication to the school nurse or principal, with the original container clearly marked giving the name of the child, name of medication, dosage directions, physician's name, and prescription number. The parent must supply the school with the exact dosage. (Even cough drops are considered medication).
6. Students may not carry or administer their own medication. Reactions to the drug taken might not be recognized and inappropriate treatment might be rendered.
7. This policy also applies to giving aspirin, Tylenol and Ibuprofen for menstrual cramps or discomfort from dental braces and/or any other non-prescriptive medication.
8. When the medication has been discontinued, any remaining medication must be picked up by the parent within one week after discontinuation or it will be disposed of by the school nurse.
9. Any child who has asthma or allergies that require an inhaler should obtain an authorization form from the nurse. All students who have asthma should have an inhaler to use at school in the event of an emergency. All self-directed students should carry rescue inhalers. The American Lung Association urges students who are developmentally able, to carry a rescue inhaler.
10. Any child who has asthma and requires an inhaler may not go on a field trip unless the inhaler is in their possession.
11. Students who have severe allergies to certain foods or bees, should also supply the nurse with an Epi-pen for treatment. These forms are also available at the nurse's office.

The HPS School Nurse can be reached at 614-837-1990 X 402. Forms available at harvestprep.org. Thank you.

HARVEST PREPARATORY SCHOOL MEDICATION AUTHORIZATION

STUDENT NAME _____ DOB _____

Section I – To be completed by Parent/Physician/Licensed Prescriber

Student Name: _____
Current Allergies: _____
Name of Medication or Treatment: _____
Dosage: _____
Route (Oral Tablet, Topical, etc.): _____
Times To Administer During the Day: _____
Begin Date: _____ End Date: _____
Condition warranting medication/treatment: _____
Instructions or precautions including storage or side effects to watch for:

Physician Signature required ONLY IF Medication is Physician Prescribed:

_____ Date: ____/____/____
Parent/Physician/Licensed Prescriber Name & Title
Print Name & Title: _____
Telephone: _____ Fax #: _____

Section II– To be completed by Parent

Student Name: _____
Date of Birth: _____
Age: _____ Grade: _____ Teacher: _____

- 1) I am requesting my child receive the medication treatment above at school.
- 2) I will assume responsibility for safe delivery of the medication to school.
- 3) I will not send medication to school with my student by any means (Lunch box, baggie, envelope, etc.)
- 4) I will supply the medication stored in the original labeled container from the pharmacy or store.
- 5) I will precut tablets before they are brought to school (if prescribed in dosage)
- 6) I/We understand and acknowledge that such assistance may, in the absence of the school nurse, be rendered by an employee of the school who is not medically trained.
- 7) I/We hereby release Harvest Preparatory School, its governing board, its officials and employees, including the school nurse and designee, from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistances requested.

Must Be Signed Below:

_____ Date: ____/____/____
Parent/Guardian
Name _____ Telephone: _____