



MEDICATION POLICY

FOR YOUR CHILD'S PROTECTION, SCHOOL OFFICIALS ARE PROHIBITED BY LAW FROM ADMINISTERING MEDICINE TO PUPILS.

In urgent cases, however, the school nurse is allowed to cooperate with your family doctor when it is absolutely necessary for a child to have medication while in school.

The following procedures will be strictly followed:

- 1.) Medication will be given only upon WRITTEN ORDER OF A PHYSICIAN for giving such medication in school. This order should be addressed to the school nurse; and can be requested by the parent right at the doctor's office.
- 2.) A written request from the parent must also accompany the medication.
- 3.) Parents are to bring the medication to school and deliver it to the school nurse or main office. Children are not to be left responsible for transporting medication on school buses! ***Medication of any kind found being carried by an elementary school child will be taken and held by the Principal.***
- 4.) The parent is responsible for an adequate supply of medication in a labeled drug store container. Parents can request two properly labeled containers from the drug store at the time the prescription is purchased.
- 5.) No change in dosage or frequency will ever be made by the school nurse without the prescribing physician's written order.
- 6.) Medication includes over the counter medications, such as cough drops, medicated creams & lip ointments, etc.

Medication will not be given to your child in school unless these procedures have been followed.

There are **NO EXCEPTIONS.**



PERMISSION TO ADMINISTER MEDICATION

Student Name: _____ **DOB:** _____

School Year: _____ **Grade:** _____

To Be Completed By Parent/Guardian:

I request the school nurse give the medication listed on this plan; I the parent/guardian will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff sharing for my child.

Parent/Guardian Signature: _____ **Date:** _____

Phone where we can reach you: _____ **Email:** _____

To Be Completed By The Health Care Provider:

Diagnosis _____

Medication _____

Dose _____ Route _____ Time (s) _____

Recommendations _____

Note: Medication will be given as close to the prescribed time as possible, but may be given up to one hour before or after the prescribed time. Please advise if there is a time-specific concern regarding administration.

_____ Student is able to Independent Carry and Self Administer medication

NYS law requires both provider attestation that the student has demonstrated they can effectively self-administer inhaled respiratory rescue medications, epinephrine auto-injector, Insulin, carry glucagon and diabetes supplies or other medications which require rapid administration along with parent/guardian permission delivery to allow this option in school. Check this box to request this option for student.

Name/ Title of Provider Signature _____ **Date** _____

Provider Name Print or Stamp _____

Please Return To School Nurse:

School Nurses: _____ School: _____

School Phone#: _____ Email: _____