

RICHMOND CITY PUBLIC SCHOOLS HEALTH SERVICES  
REGULATIONS ON MEDICATION ADMINISTRATION

**REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS\***  
**Medication will not be administered if this form is altered and/or is not filled out completely.**

Richmond City Public Schools require that if medication/treatments are to be taken by a student while he/she is in school or participating in school activities, the school **MUST** have the following information completed and on file in the health clinic:

1. A signed order from the health care provider renewed yearly
2. A signed consent from the parent or guardian
3. The medication in the original pharmacy container.

THIS APPLIES TO ANY MEDICATION, PRESCRIPTION OR OVER THE COUNTER.

All medication must be kept in the school health office. It is the responsibility of the student to come to clinic for administration at the proper time. Student possession and self-administration of certain medications are permitted for conditions such as Diabetes, Asthma, and Allergy. More specific documentation from health care provider and supporting materials are required. Families should request an appointment with the school nurse in these cases.

**To be completed by the Health Care Provider:**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Medication/Treatment: \_\_\_\_\_

Dosage, Frequency, Route: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication/Treatment Required:     School Year     Short Term \_\_\_\_\_  
Date required

Special Instructions, Side Effects, Comments: \_\_\_\_\_

HealthCare Provider Signature: \_\_\_\_\_

Health Care Provider PRINTED Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax \_\_\_\_\_ Date: \_\_\_\_\_

**To Be Completed by Parent or Guardian**

I request that school personnel administer the above medication/treatment ordered by the health care provider, according to the directions provided. I understand that the nurse is not always available and that an appointed trained designee may be responsible for administering my child's medication/treatment. I authorize a representative of the school to share information regarding this medication/treatment with the above health care provider and school staff as necessary for the student's health and safety at school. I understand and agree to comply with the school's policies and procedures as stated on the back of this form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian



## PLEASE READ REGULATIONS ON MEDICATION ADMINISTRATION

### A. GENERAL PROCEDURES

1. No student shall be given medications/treatments during school hours except upon written request from a licensed health care provider. This includes medications such as antibiotics. The parent/guardian must sign and provide new physician orders each school year. Treatment orders include conditions requiring crutches, wheelchairs, and other medical devices prescribed when accommodations for a diagnosed medical condition are necessary during the school day.
2. Nurses do not accompany students on field trips. Arrangements for medications/treatments need to be made by parents and teachers with approval of the nurse at least a week ahead.
3. Students are responsible for coming to the clinic for medications/treatments. Elementary/Middle students will be contacted and reminded, however high school students will receive parent phone calls after 3 missed administrations unless other arrangements have been made.

### B. RESPONSIBILITY OF THE PARENT OF GUARDIAN

1. Parents/guardians shall be encouraged to cooperate with the health care provider to develop a schedule so that the necessity for taking medication/treatments at school will be minimized or eliminated. First doses of medications should always be given at home.
2. Parents/guardians will assume responsibility for the supply of all medications/treatments during the school day. Whenever possible, a “school only” supply is requested.
3. Parents/guardians (or an appointed responsible adult) should deliver and pick up any medications/treatment supplies. All controlled substance medications (i.e. Ritalin type meds) will be counted and documented at the time of delivery/ pick-up by school personnel and parent/guardian.

### C. RESPONSIBILITY OF THE HEALTH CARE PROVIDER (HCP)

1. A Medication Permission Form for each prescribed medication/treatment must be completed by the student’s health care provider, signed by the parent or guardian, and filed with the school nurse in the school clinic each school year.
2. Medication containers must be clearly labeled with the following information:  
Student’s full name, Health Care Provider’s name and telephone number, Name of medication, Dosage, Route, schedule for administration and time frame for the order.
3. Health care providers should also note that a nurse may not always be available, and that trained unlicensed assistive personnel may be responsible for administering medications/treatments.

### D. RESPONSIBILITY OF SCHOOL PERSONNEL

1. The school nurse/designee will assume responsibility for placing medication/supplies in a locked area. Controlled substance medication will be counted and documented at the time of acceptance or pick-up.
2. The school nurse/designee will administer all medications/treatments as ordered by the HCP and will document date/time. School nurses will provide training for medication/treatment administration to designated back-up personnel.
3. Discontinued or unused medications must be picked up by the parent/guardian. If not claimed by the end of the school year, the school nurse will properly dispose of the medication and document per guidelines.
4. Nurses will prepare field trip medication dosages per the Board of Pharmacy Guidance Document. Medications/Treatment orders, properly labeled will be given to the student’s teacher the morning of a field trip. Treatments may require other consideration/planning **prior** to the field trip. Parents as well as staff should have this conversation with the nurse.