Roseville Area Schools

DISPENSATION OF MEDICATION

This procedure was developed to comply with School Board Policy JHCD, Dispensation of Medication, and state mandates. It is designed to protect students, parents/guardians and school personnel.

For the protection of students:

- all medications **(with some exceptions)** will be stored in the school health office;
- medications dispensed in other programs and outside the normal school day should be stored in a secure location in that program area;
- **If there are concerns about a prescription or nonprescription medication** the licensed school nurse will contact the Health Care Provider and/or request a Health Care Provider's order for an over-the-counter medication;
- a new medication permission form is required each and every school year.

Procedure

1. **Medication prescribed for more than two (2) weeks** and which must be taken at school must have this permission form signed by a Health Care Provider **and** the parent/guardian.
2. **Medication prescribed for less than two (2) weeks** requires written permission from the parent/guardian only.
3. **Over-the-counter medication** should have this permission form signed by the parent/guardian.
4. All medications should be in original containers labeled with the following:
   1.STUDENT'S NAME 2. MEDICATION NAME 3. DOSE OF MEDICATION 4. TIME OF DAY TO TAKE MEDICATION 5. HEALTH CARE PROVIDER'S NAME.

AUTHORIZATION FOR GIVING MEDICATION AT SCHOOL

Student Name_____ Birth Date _ _____Grade_____ School Year_____

Diagnosis/ ICD10	Medication	Dosage	Time	Discontinuation Date
				☐ End of year ☐ Other Date:_____
				☐ End of year ☐ Other Date:_____
				☐ End of year ☐ Other Date:_____

_____ Print Name of Health Care Provider

_____ Clinic Name/Fax number

_____ Signature of Health Care Provider

_____ Health Care Provider's Phone Number

I hereby authorize school personnel to give the above medication and contact the Health Care Provider with any questions:

_____ Signature of Parent / Guardian

_____ Date

_____ Work Phone

_____ Home or Cell Phone

☐ Send medication home with *student* at the end of the school year.

-OR-

☐ *Parent* will pick up medication from school at the end of the school year.