

STUDENT HEALTH SERVICES DEPARTMENT

MEDICATION ADMINISTRATION NOTICE

Parents and Guardians,

For the safety and health of your child, \_\_\_\_\_  
Last, First Middle

the Board of Directors of the Reading School District passed a Medication Policy to direct the administration of medication to students during school hours, field trips, before and after school programs and summer programs.

*Ideally, all medication should be given at home. If the attendance and education of a student is dependent upon receiving medication while at school, the parents/guardians and student must comply with the required procedures.*

Each school year, parents and guardians must:

- Get a written medication order from a licensed health care provider.
- Provide written permission for administration of the medication at school.
- **Bring all medications to the health room in the labeled pharmacy container. Students MAY NOT carry medication to school (\*see note below).**
- Supply all equipment needed to administer the medication.
- Send only a 30 day supply of medication to school.

Parents / Guardians may provide written permission for over the counter medications supplied by the Reading School District by completing the emergency card upon enrollment and annually.

All medication will be

- Administered only by Certified School Nurses or licensed health care providers.
- Kept in a secured, locked place in the school's health room.

**\*Emergency medications:** Inhalers, epinephrine kits, glucose tablets / glucagon:

- May be carried by students with physician orders, parent permission and upon review of the student's ability to administer the medication by the Certified School Nurse.
- May be given by non-licensed staff trained in emergency treatment of students needing inhalers and / or epinephrine.

Students who do not follow aspects of the policy related to the carrying and use of medications at school may be disciplined according to Reading School District policy.

**I have read this notice and understand the policy and procedures for medication administration to students:**

Parent / Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
AF: 7/10