

Dear Parent/Guardian:

* Please read the following policy carefully

ADMINISTERING MEDICINES TO STUDENTS

It is the policy of the Mathews Local Board of Education that all medications for students be administered by a parent at home. However, under exceptional circumstances, prescription and over the counter medications may be administered by designated school personnel within approved administered regulations.

When students require a prescription or over the counter medication during school hours, designated personnel may administer medication under the following conditions:

1. The building administrator/nurse has received a written request signed by the parent/guardian that the prescription or over the counter drug be administered to the student.
2. The administrator/nurse receives the completed form: "*Permission to Administer Prescribed and Over the Counter Medications*". A copy of this form is attached; additional copies may be obtained from the school office.
3. Parent/Guardian shall submit a revised statement signed by the physician in the event any of the information originally provided by the physician changes. A new permission form to administer prescribed medications or over the counter meds is also required at the beginning of each new school year even if the medication and dosage is the same as the previous year.
4. The medication must be in the original container in which it was dispensed. Limit amount to only that which is needed.
5. NO over the counter medications (cough drops, Tylenol, liquid cough medicine, nasal spray, topical creams etc) will be given without a doctor's written request. **PLEASE DO NOT SEND ANY MEDICATIONS TO SCHOOL WITH YOUR CHILD ON THE BUS.** All medication must be brought to school by a parent/guardian. All medications must be picked up by the last day of the school year or the medications will be discarded.

If you have any questions, please contact the School Nurse at 330-637-3500 ext 1004 (Currie), or ext 2004 (Baker).

Sincerely,



Jodi Guarnieri, RN

School Nurse

Mathews Local Schools

**MATHEWS LOCAL SCHOOL DISTRICT
 PERMISSION FORM TO ADMINISTER PRESCRIBED AND
 OVER THE COUNTER MEDICATION**

TO THE PARENTS: This application must be renewed each term by the attending physician to continue necessary medication. All medication should be sent on a weekly basis. The medication must be properly labeled with the student's name and proper directions for administering and should be sent in the same container in which it was purchased from the pharmacy. The school personnel will be the only ones allowed to give the medication to the student, and no school employee will be obligated to perform injections or any procedure for which the employee did not have appropriate training by the school nurse.

We, the undersigned parents, following our attending physician's directions and finding it impossible for us to administer the medication during the course of the school day, give the school personnel permission to administer the necessary medication. Knowing that this is the parent's responsibility, we will not hold Mathews Local School District or any of its personnel responsible for any side effects of administered medication, and we recognize that, under Ohio law, no person authorized by the Board of Education to administer medication could be liable for administering, improperly administering, or failure to administer medication, unless the person acted in a manner that constituted gross negligence or reckless conduct. Further, we understand that it is also the student's responsibility to seek the medication at the proper time and location as assigned by the school nurse or principal, and we agree to submit a revised statement signed by the undersigned physician if any of the information originally provided by the physician should change. All medication must be picked up at the end of the school year. All medication will be discarded five (5) days from the last day of school.

Name of Child	Name of Medication
Address	Name of Physician
Grade	Signature of Parent/Guardian
Name of Teacher	

PARENTS ARE NOT TO WRITE BELOW THIS LINE

.....
TO THE ATTENDING PHYSICIAN: This application must be completed in its entirety and renewed by you each term to allow school personnel to administer any and all medication during the course of the school day. In your opinion, this medication must also be deemed vital to the student's health and well-being while s/he is attending school.

NAME OF MEDICATION _____

DOSAGE _____

SPECIAL INSTRUCTIONS FOR ADMINISTERING (INCLUDING STORAGE AND STERILE REQUIREMENTS) _____

USAGE (TIME AND/OR CIRCUMSTANCE) _____

POSSIBLE SIDE EFFECTS THAT SHOULD BE REPORTED TO YOU _____

APPROPRIATE DURATION OF MEDICATION USAGE _____

Date Prescription Begins and Ends

IF INHALER OR EPIPEN has the student been instructed on proper use? YES, NO

IF INHALER OR EPIPEN does the student have permission to carry it with him/her? YES, NO

Adverse reactions for the unauthorized user of inhaler _____

Procedure to follow in the event that medication does not produce the expected relief from student's ASTHMA ATTACK: _____

Physician's Signature: _____

I recommend to the parents or guardians that school personnel be authorized to administer the medication.

Date _____ Physician's Signature _____ Phone Number _____

TO BE COMPLETED BY BUILDING ADMINISTRATOR

The following school personnel have been designated to administer the medication or procedure and have been in serviced by the school nurse:

Building Administer _____

School Nurse _____