



Prepare | Explore | Empower

MEDICATION POLICY

In general, school personnel should not administer medication to students at school unless clearly necessary and where appropriate administration cannot reasonably be accomplished outside of school hours. The parent or guardian shall be responsible for providing all medication to be administered to a student.

Prescription and over-the-counter medication will be administered to students at school only on the specific written request of the student's parent or guardian and with the written authorization of the student's physician. The Medication Administration form can be picked up at the school health office. Herbal and homeopathic remedies may not be administered at school.

If a student must receive prescription or over-the-counter medication during school hours, the parent or guardian shall furnish the medication in the original pharmacy-labeled container or original packaging. The label shall state the student's name, medication, dosage, number and/or time(s) of dosages per day, and name of the prescribing physician. Medication shall be administered at school only by a school nurse or by his/her designee. Such designee shall be approved by the principal. Medication will be administered by school personnel, only in accordance with the instructions on the prescription label. A parent or guardian may deliver medication to the school during school hours.

Middle School and High school students may assume responsibility for bringing to school and administering their own medication providing they carry only enough for one day and have the Permission to Carry/Self-Administer Medication form on file in the school health office. Students using poor judgment in carrying and taking their own medication will have such medication confiscated by school personnel; a parent or guardian will be notified, and the student may face disciplinary action. A structured plan will then be developed for the administration of the medication. Any parent or guardian who chooses not to sign the permission to carry medication form may request that a structured plan be devised for his or her student.

The Journey Starts Here...

Student's Name: _____

Special Considerations for Asthma and Anaphylaxis

Notwithstanding the above, a student with asthma, severe allergies, or other related, life-threatening conditions may possess and self-administer medication as provided in an approved treatment plan developed in accordance with the Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act. This plan will include verification by the student's health care provider that the student understands proper use and is capable of self-administering his/her asthma or anaphylaxis medication. The student and parent will also sign the Permission to Carry/Self-Administer Medication form.

School policy requires, as a condition to its agreement to release any medication, that the medicine be:

- Prescribed by a physician or dentist
- Furnished by the parent(s) of the student in the original pharmacy container and label stating:
 - The student's name
 - Name of the medication
 - The dosage
 - The number of dosages per day or time(s) when the medication is to be released to the student
 - Licensed health care provider's name
 - Pharmacy name and phone number must also be on the label
 - The date when the medication is to be stopped (if applicable)
- The parent/guardian agrees to pick up expired or unused medication within one week of notification by staff
- Over the Counter Medication must have the following:
 - Be labeled with the child's name
 - Dosage must match the signed health care provider authorization
 - Medicine must be packaged in original container

It is understood that the medication is given solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release The Academy of Charter Schools and its personnel from any and all claim(s), which they now have or may hereafter have arising out of the release of the medication to the student.

The Journey Starts Here...

Student's Name: _____

A new Student Medication Administration form must be completed for each medication change and for each school year.

By signing this document, I have read the policies and give permission for my child's health care provider to share information about the administration of the medication with the nurse or school staff delegated to administer medication.

Student's Full Name: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Work Phone: _____

Home Phone: _____

The Journey Starts Here...