



Roseville Area Schools Dispensation of Medication

This procedure was developed to comply with School Board Policy JHCD, Dispensation of Medication (528P), 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 healthcare provider and/or request a healthcare 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 healthcare 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:
 - a) Student's Name, b) Medication Name, c) Dose, d) Time of Day to Take Medication, e) Healthcare Provider's Name

Authorization for Giving Medication at School

Student's Name: _____

Birth Date: _____

Grade: _____

School Year: _____

| Diagnosis/ICD10 | Medication | Dosage | Time | Discontinuation Date |
|-----------------|------------|--------|------|---|
| | | | | <input type="checkbox"/> End of Year <input type="checkbox"/> Other (specify): |
| | | | | <input type="checkbox"/> End of Year <input type="checkbox"/> Other (specify): |
| | | | | <input type="checkbox"/> End of Year <input type="checkbox"/> Other (specify): |

Print Name of Healthcare Provider

Clinic Name

Signature of Healthcare Provider

Date

Clinic Phone Number/Fax Number

I hereby authorize school personnel to give the above medication and contact the healthcare provider with questions:

Signature of Parent/Guardian

Date

Cell/Home Phone Number

Work Phone Number

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.