

**MAYPEARL INDEPENDENT SCHOOL DISTRICT
STUDENT HEALTH SERVICES
ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

Name of School: _____ School Year: _____

Medication Administration Policy

The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medications, given three times per day or less, should be given outside school hours. For example: three times a day medications can be given before school, after school and at bedtime. If necessary for medication to be given at school the following conditions must be met:

Prescribed medication:

- The first dose must be given at home in case of unexpected allergic reaction.
- Medication must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian and physician. If prescribed medication is given for 10 school days or less, physician signature is not necessary provided all other conditions are met.
- Medication must be kept in the clinic, with the exception of inhalers and epinephrine that a physician may deem necessary for student to carry on their person. In this case, physician must sign appropriate box below. All rules regarding medication given at school still apply. If student is misusing medication, the privilege will be revoked. A second inhaler/epinephrine injector should be kept in the clinic.

Over-the-counter medications: Same rules apply as with prescribed medications except that they can be given with parent authorization only, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved.

End of the school year: All medication must be picked up from clinic by the last day of school. Any medication left at the school will be disposed of by the nurse the following day.

STUDENT INFORMATION

Name _____ DOB _____ Grade _____ Teacher/Advisor _____

MEDICATION/PHYSICIAN INFORMATION

Medication Name _____ Start Date _____ End Date _____

Medication Dose _____ Route _____ Time or Frequency given at school _____

Special instructions for dosing of medication _____

Diagnosis/Reason for Medication _____

Physician Name (Please print) _____ Physician Phone Number _____

PHYSICIAN SIGNATURE _____ Date _____

PHYSICIAN AUTHORIZATION FOR EPINEPHRINE AND/OR INHALER TO BE CARRIED ON PERSON AND SELF-ADMINSTERED In my opinion, it is necessary for the above named student to carry and self-administer their epinephrine and/or rescue inhaler. Student has demonstrated ability to correctly administer medication and understands dosage and frequency. A backup epinephrine pen and/or inhaler must be supplied to clinic for emergencies.

Epinephrine Inhaler

Physician Signature _____ Parent/Guardian Signature _____

PARENT AUTHORIZATION

I request that the above medication be administered by school personnel to my above named child.

PARENT/GUARDIAN SIGNATURE _____ Date _____

School Nurse: _____ Clinic Phone: _____ Fax: _____

Nurse Signature: _____ Date received in clinic: _____

There must be a separate medication authorization form on file in the clinic for each medication given at school.