

CAMBRIAN SCHOOL DISTRICT
Board Policy

Administrative Procedure 5141.21

Adopted: June 11, 2002

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STUDENTS

ADMINISTERING MEDICATION TO PUPILS

The following procedures will be adhered to when a parent requests that a student be permitted to take medication at school.

- I. The administration of medication to students by school personnel shall be done only when the parent is unable to come to the school to administer the medication.
- II. The administration of medication to students shall be done only in exceptional circumstances where the child's health may be jeopardized without it.
- III. Medication shall be administered only when it has been requested and approved by the student's parents and physician.
- IV. Students requiring medications at school shall be identified to the school by parents and/or physicians. Students observed by school personnel administering unauthorized medications to themselves will be reported to school administration for appropriate action.
- V. A written statement shall be required of:
 - A. The physician who prescribed the medication indicating the dosage, times to be taken at school, and condition for which the medication is prescribed.
 - B. The parent, who shall request and authorize school personnel to give said medication in the dosage so prescribed by the physician.

Form letters to parents are designed to facilitate these proceedings.

- VI. A list of students needing medication during school hours, including the type of medication, times and dosage, will be maintained at the local school in the location designated by the Principal. This list is to be reviewed and updated periodically.
- VII. School personnel are prohibited from providing aspirin or any other patent medicine to students not covered above.

- VIII. School personnel shall not be responsible for reminding students when medication is to be taken. Students must assume the responsibility of reporting to the office to receive medication at the appropriate times.

MEDICATION

Dear Parents,

The administration of medication to students during school hours is the responsibility of the parent. When no other plan is feasible, school personnel will cooperate in giving medication. Under the present law students required to take medication during the school day may do so only under direct supervision of school personnel and upon written request of the parents and directions from the physician.

The medical instructions that you and the physician must sign are listed on the reverse side. The prescription label on the bottle is not sufficient direction from the physician.

For the safety of your child the procedure listed below *must be followed*:

1. All medications taken at school must be kept in the school office.
2. All prescription medicines to be taken during school hours must be accompanied by the doctor's instructions per the form on the reverse side.
3. You *and* the physician must sign the form on the reverse side requesting that your child take the medication during school time.
4. All medication containers must be labeled with the child's name, name of the medicine, amount to be taken, and times to be taken in addition to the permission slip.
5. You and the physician must inform the school in writing of any adverse effects of the medication.
6. The parent is responsible for keeping a supply of medication for the child at school.
7. School personnel are prohibited from giving your child aspirin or other patent medicines, unless the above procedure is followed.
8. School personnel cannot assume the responsibility for reminding students when medication is to be taken. It is the responsibility of your child to report to the office at the times medication is to be given.
9. Medically required changes to this procedure will be considered on a case by case basis.

MEDICATION REQUEST

Student's Name

Address

School

School Year

I am unable to come to school to administer medication to my child. Please have school personnel assist me in this matter by administering medication to the above name child per physician approved directions below, and instructions on the reverse side. I understand that it is the responsibility of my child to report to the office at the times medication is to be given.

Name of medication: _____

Dosage: _____

Time medicine is to be taken at school: _____ a.m. _____ p.m.

Dates medication is to be given: _____ through _____

Conditioned for which the medicine is prescribed: _____

Adverse effects: _____

Date

Physician's signature

I hereby authorize school personnel to administer the medication as described above.

Date

Parent's Signature