Permission for School Administration of Medication

Important Information:

Please read this prior to completing the "Permission for School Administration of Medication" form.

Important Information About Medications in School Settings

1. When possible, medications should be given at home by the parent/guardian.
2. Initial doses of a medication that a child has never taken before should not be given at school.
3. A written prescription is required for:
   - all prescription medications
   - over the counter medications that are to be given outside of the manufacturers' recommendations
   - herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval.

   The "Permission for School Administration of Medication" form, when signed by an authorized prescriber, may serve as the written prescription. Stamped signatures will not be accepted.
4. Over-the-counter medications should only be sent to school for a specific condition your child is known to experience and must have a completed permission for school administration form signed by the parent/guardian.
5. A parent's/legal guardian's authorization is also required. Stamped signatures will not be accepted.
6. A separate form must be completed for each medication.
7. Space for medication storage in school settings is limited; therefore, to the extent possible medication quantities to be stored at school should be limited.
   a. Controlled substances must be limited to no more than a 31-day supply.
   b. If it is necessary to store an over-the-counter medication at school, small containers of the medication should be purchased and provided to the school.
8. Prescriptions must be renewed, at a minimum, at the beginning of each school year.
9. Schools may decline to administer certain medications if deemed inappropriate for a school setting. In that event, the parent and the health care practitioner will be notified.
10. Medications for the purpose of treating a fever, defined as a body temperature elevation, will only be administered at school as part of an emergency response for students with certain chronic health conditions.
11. Medications that make students drowsy and unable to participate in educational activities may not be appropriate for school administration.
12. For over-the-counter medication use, a school nurse may use her/his clinical judgment with regards to whether it is best to administer the prescribed over-the-counter medication or provide non-medicinal interventions.
13. A responsible adult should deliver the medicine and the permission form to the school. The medicine must be in the original container with the pharmacy label or in the case of over-the-counter medications the manufacturer's label on it.
14. Medications that are no longer needed at school must be picked up from school by a responsible adult.
15. Only those students who have met all of the requirements to self medicate, will be allowed to keep medications on their person.

	Permission for School Administration of Medication **School District: Lexington/Richland District Five**	For school use only: ☐ Routine ☐ PRN (As needed) Start Date: _____

Medication to be given at school should be accompanied by this form and provided to the school in the original labeled container. "Sample" medications must be provided in a container that appropriately identifies the medication and must be accompanied by a note signed and dated by the prescribing health care provider that includes the student's name and directions for proper administration.

_____ _____
Child's Name Date of Birth

_____ _____
Name of School Grade

<table>
<tr><td colspan="2">Medication:
☐Substitution permitted</td><td colspan="2">Dosage:</td></tr>
<tr><td colspan="2">Purpose of Medication:</td><td>ICD 10 code:</td><td>Route:</td></tr>
<tr><td>Time medication to be given at school (Lunch times vary: 10:30a – 1p)</td><td>Frequency (e.g., daily)</td><td colspan="2">Note special storage requirements
☐ None ☐ Refrigerate ☐ Other (please specify):</td></tr>
<tr><td colspan="2" rowspan="3">Anticipated number of days medication will be given at school:
☐ until end of current school year
☐ ____ weeks
☐ ____ days</td><td colspan="2">Is child allergic to any food, medicines, or other items?
☐ No ☐ Yes (List allergies.)</td></tr>
<tr><td colspan="2">Is this medication a controlled substance? ☐ No ☐ Yes</td></tr>
<tr><td colspan="2">Possible Side Effects:</td></tr>
</table>

_____ _____
Prescribing Health Care Provider's Signature Date
(Signature of this form indicates student has permission to ride the school bus without emergency medication unless they self-medicate/self-monitor)

☐ Check if Emergency Medication needs to be sent on the school bus.

Stamp, Print or Type Health Care Provider's Name & Address:

This section to be completed by child's parent or guardian:

I give permission for my child, _____, to be given the above medication as prescribed. I give permission for the school nurse or school administrator to contact the health care provider named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I also give permission for this "Permission for School Administration of Medication" form to apply if I transfer my child to another school in this same school district during the current school year. I understand that the school may require that I agree to the school district's rules about medications before this medicine will be given at school. I will not hold the school, school district, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed methods. I will notify the school if my child's medications change.

_____ _____
Signature of Parent / Guardian Date

_____ _____
Print or Type Name of Parent / Guardian Day Phone Number