

THOMPSON FALLS SCHOOL DISTRICT #2

REQUEST TO ADMINISTER PRESCRIPTION MEDICATION TO STUDENT

THIS FORM IS TO BE COMPLETED BY THE PRESCRIBING HEALTHCARE PROVIDER (PHYSICIAN, PA, APRN, ETC.). THIS FORM NEEDS TO BE FILLED OUT AND SIGNED FOR EACH PRESCRIBED MEDICATION TO BE ADMINISTERED AT SCHOOL.

Parents are encouraged to administer the needed medication at school when able to do so.

Medication will not be administered to the student by school personnel unless this form is signed by the Healthcare Provider and on file in the school office.

Student's Name _____ Grade _____ Date _____

Medication _____

Dose of Medication _____

Time(s) to be administered _____

Reason for Medication _____

Does Medication need to be stored in the refrigerator? YES _____ NO _____

Possible side effects _____

Special Instructions _____

Termination date for medication administration _____

Prescribing Healthcare Provider Printed Name _____

Prescribing Healthcare Provider Signature _____

Parent/Guardian Signature _____

Revised 5/24

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THOMPSON FALLS SCHOOL DISTRICT #2
ADMINISTERING MEDICATIONS TO STUDENTS IN SCHOOL

If under exceptional circumstances a student is required to receive medication during school hours and the parent/guardian is unable to administer the medication during those hours, the principal, secretary, or school nurse will administer the medication in compliance with the regulations that follow, and the school will be waived of any liability.

1. Written instructions signed by the prescribing healthcare provider and parent/guardian will include:
 - a. Date
 - b. Child's name
 - c. Medication name
 - d. Dose of medication
 - e. Time for medication to be administered
 - f. Reason for medication
 - g. Possible side effects
 - h. Special instructions
 - i. Termination Date
 - j. Appropriate Signatures

2. All medication must be brought to school in the original prescription bottle.
3. The School will:
 - a. Inform appropriate school personnel of the medication
 - b. Keep a record of the instructions
 - c. Keep a record of administration
 - d. Keep the medication in a locked area
 - e. Return the unused medication to the parent/guardian

4. The school nurse will keep the original signed form in the student's health file
5. The parent/guardian of the student must assume responsibility for informing the school of any change in the student's health or change in medication.
6. The school district retains the discretion to reject requests for administration of medications.
7. A copy of this regulation will be provided to parents upon their request for administration of medication in the schools.
8. Aspirin will not be administered to children under any circumstances by school personnel.
9. The student will not be allowed to take medication on school grounds unless appropriate forms are signed by the prescribing healthcare provider and parent/guardian. This form needs to be submitted to the school office.