

Grand Island Central School District

School Health Services

PARENT AND PRESCRIBER'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A. MUST BE COMPLETED BY THE LICENSED HEALTHCARE PRESCRIBER:

I request that my patient, as listed below, receive the following medication:

Name of Student _____ DOB _____

Diagnosis _____ Duration of Treatment _____ () Entire school year
****Order may extend to a summer school session if needed () Yes () No***

<u>MEDICATION</u>	<u>DOSAGE</u>	<u>ROUTE</u>	<u>FREQUENCY/TIME TO BE TAKEN</u>

Possible Side Effects and Adverse Reactions (if any):

() I deem this child to be a ***nurse-dependent student*** and understand that administration of oral, topical, inhalant and injectable medications must remain the responsibility of the school nurse, licensed practical nurse under the direction of a school nurse, physician or parent.

() I deem this child to be a ***supervised student*** and understand that the school nurse, or other designated person in the case of the absence of the school nurse, ***may*** administer the medication ***upon request and at the direction of the student***, including field trips.

() ***I deem this child to be an independent student who can self-administer his or her own medication(s) without any assistance.***

Prescriber's Signature _____ ***Date*** _____

Name of Healthcare Prescriber _____ ***Phone*** _____
(Please print or stamp)

B. MUST BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child receive the medication as prescribed above by our licensed healthcare prescriber. I will furnish the medication in the properly labeled pharmacy container for prescription medication, or in the manufacturer's labeled container for over-the-counter medication. I understand that the school nurse will administer the medication to my child as prescribed above. Under certain circumstances, such as a field trip where no nurse is present, an adult will supervise my supervised student taking his/her own medication. I have read and will comply with the procedures for administering medications on the back of this form.

Signature (Parent or Guardian) _____ ***Date*** _____

Telephone: Home _____ ***Cell*** _____ ***Work*** _____

**** PLEASE SEE REVERSE ON PROCEDURES FOR ADMINISTERING MEDICATION ****

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School Health Services

Procedures for Administering Medications

Only those medications which are necessary to maintain the student in school and which must be given during school hours should be administered. Any student who is required to take medication during the regular school day or while participating in school-sponsored activities (e.g., field trips, athletics) should comply with all procedures.

The following procedures for administering medications must be followed to provide safeguards and protection for your child's health. This policy has been implemented district wide. Your school nurse must follow these district regulations for any student who takes medication during the school day.

- **Medication must be brought to school by the parent.** Students are not permitted to transport prescription or over-the-counter medication to school. It must be kept in a container appropriately labeled (by the pharmacy and/or licensed healthcare prescriber). Parents may obtain two labeled containers from the pharmacy, one for home and one for school.
- **Written orders signed by a licensed healthcare prescriber and instructions by the pharmacist must accompany the medication.** These instructions must include the student's name, the name of the medication, the dosage, the route (the way it is to be given), frequency, duration, and any possible side effects. A copy of the prescription and over-the-counter medication request form is available in the Health Office and on the district's website.
- Written permission from the parent must be submitted and kept on record in the Health Office requesting that the school district comply with the licensed healthcare prescriber's signed medication orders.
- **These procedures must be followed for all prescription and all over-the-counter medications.** This includes all cough drops, lozenges, lip balms, skin creams, analgesics, etc. Over-the-counter medications must be in a manufacturer's labeled container.
- During field trips or other school activities, the school nurse will advise classroom teachers in regards to procedures.
- When purchasing Diphenhydramine (otherwise known as Benadryl) as prescribed by your healthcare provider, please consider buying tablets or fastmelts rather than liquid (for easier transport during field trips)
- Students assessed by their licensed healthcare provider as being a ***supervised student*** may carry and self-administer an inhaler or epi-pen.
- ***Supervised*** students may carry and use their sunscreen at school as long as they have written permission from the parent or guardian to carry and use sunscreen. ***Supervised*** means they are able to recognize that it's sunscreen, know why they are using it, and are able to independently apply the sunscreen. (does not apply to Sidway students)
- Any medication that is not picked up by an adult at the end of the school year will be discarded by the school nurse, as per New York State guidelines.
- **These procedures will be strictly enforced for your child's protection**