

MEDICATION ADMINISTRATION

MEDICATION IN SCHOOLS

It is encouraged by the Papillion La Vista Community Schools that all students' medication should be administered by a parent at home. If, under exceptional circumstances a student is required to take any medication during school hours, only the school nurse or the principal's designee will administer the medication in compliance with the regulations that follow:

1. **Prescription** medication that is brought to school in the prescription container, properly labeled, including the student's name, medical provider's name, and directions for administering by school personnel. Prescription medication will be given with written permission from both the parent and the medical provider. Please note that a current prescription label from the pharmacy will be accepted as written permission from the medical provider.
2. The community schools retain the discretion to reject requests for administration of medicine.
3. We suggest you consult your medical provider on the timing of medication. Some prescriptions can be so written to eliminate the need for giving medication during school hours. Please do not request medication to be given before or after hours since staff are not available.
4. **Over the counter** medication will be given with written permission from a parent with specific instructions for administration. Over the counter medications must be brought to school in the original container.
5. Medication may be brought to the school by the student, providing the signed medication administration form is on file in the health office.
6. All medications not picked up will be properly disposed of at the end of the school year or when the student is no longer enrolled in the district. This will be done by the RN and one witness.
7. All medications administered at the school will be stored in a locked container and/or refrigerator.
8. Please send only a 1 month supply of medication to school to facilitate storage and administration.

***NOTE: Health information will be shared with the staff on a need to know basis.**

I have read the medication administration guidelines for dispensing medication in the Papillion La Vista Community Schools and give my permission to administer the following medication:

1. Student's Name _____ Grade: _____
2. Name of Medication _____
3. Reason for Taking _____
4. Time(s) to be Given _____
5. Amounts to be Given _____

An adult will pick up this medication at the end of the year.

Send the medication home with my student at the end of the school year.

Health Conditions: My child has the following health related conditions that may need additional support from school staff (i.e. allergies requiring an Epi-Pen, ADHD, asthma, diabetes, seizures, depression).

Signature of Parent

Date

(Taken from Policies and Procedures recommended by the State Department of Education and State Health Department.)