

Dear Parents and Guardians,

We want to introduce ourselves and create the beginnings of a partnership in your student's health. We are best able to care for your child if we have the information that we need to respond quickly and efficiently. Please contact us with any information that may be important in caring for them.

Please find attached our required forms for asthma, anaphylaxis, and medication administration. We wanted to review our basic protocols and ask for your help. If medication is potentially needed during the school day, please send it to school in a Ziplock bag labeled with their name. The medication should clearly show their name, medication name, and dosage instructions on the pharmacy label. Please let the nursing staff or division administrator know to expect that medication to be delivered that day. These medications should correlate with the medication administration form that is on file.

In the Preschool and Lower School, inhalers and epi-pens will be stored in a red backpack in the child's classroom. These bags go with your child throughout the day when they leave the classroom.

In Middle and Upper School, these medications can be stored in the division office (preferable) or in the child's bag. If the child is involved in after-school activities that take them to the athletic complex, these medications should be carried in a backpack that goes to each location. Most importantly, please communicate with the nursing staff as to where the medication is kept. Please check in with your child periodically to ensure that the medication is where it is expected to be.

Other medications that are emergency medications will be stored in either the appropriate division office or the nursing office.

Please advise us as to your intentions:

- Emergency Medication will be stored in the red backpack (Preschool and Lower School Only)
- Emergency Medication will be stored in the appropriate division office
- Emergency Medication will be stored in the child's backpack
- Other medication _____ (med name) will be stored in the appropriate division office
- Other medication _____ (med name) will be stored in the nursing office

We are available to answer any questions or discuss any concerns.

Kind regards,

Victoria Filiatreau, RN
Leslie Graves, APRN
Emily Mills, RN

Sayre Nursing Staff

nursing@sayreschool.org

859-244-2646 (office)

MEDICATION AUTHORIZATION FORM

(Please complete one form for each of your student's medications.)

Student's Name: _____	DOB: _____
Allergies: _____	
Reason for medication or diagnosis: _____	
Medication: _____	
Dosage: _____	Time of Day to be Administered: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
School Year: _____	

In order for school personnel to administer any type of medication to the student, the Parent/Guardian must provide this signed authorization form. Medicine will be dispensed to the student by the School Nurse or by unlicensed school personnel trained and deemed competent by the School Nurse. The medicine must be sent to the school with complete instructions and in the original container with the Physician's Order **OR** pharmacy label firmly attached to the medication.

Please be sure to complete ALL of the information on this authorization form before returning it to school.

Medication to be administered during the school day must be brought to the school by the Parent/Guardian. Parents/Guardians shall pick up unused medication within two (2) weeks of the last day of school or it shall be destroyed. This authorization is valid for one school year and must be renewed at the beginning of each new school year.

The first dose of any new medication should NOT be given at school.

PARENT/GUARDIAN STATEMENT

I, the undersigned Parent/Guardian of the student named above, request that a ***trained staff member administer** the above medication to my student per Physician instructions. I agree to furnish the necessary prescribed medication and agree to notify the School Nurse immediately of any changes.

*** Parent / Student are responsible to have medication available at school.**

X _____
(Parent/Guardian's Signature)

_____/_____/_____
Date

Home Phone: _____ Work: _____ Cell: _____

Reviewed by: _____ RN Date: _____