

# FORT THOMAS

## INDEPENDENT SCHOOLS

Dear Parent or Guardian:

If your child requires medication, please try to schedule it before or after school hours, if possible. Please keep in mind that school is not the best place to administer medication—doses can be forgotten by children during a busy school day. If it is impossible to avoid the administration of medication during the school day, the following procedures will be implemented:

1. All medication, prescription or non-prescription, must be given to the secretary or nurse upon the student's arrival at school.
2. An **Administration of Medication Form** must be completed and signed by you and your child's physician. This form is available from the school office and is necessary to administer any medication at school.
3. Medication must be in original container and if it is a prescription medication, it must have the child's name on the label. If the label is altered in any way, it will not be accepted.
4. Non prescription medication will be administered no more than three consecutive days without a physician's order. The medication must be in the original container with a signed note from the parent/guardian stating the name of the medication, the dosage to be given, the time your child should receive it and the length of time your child will be receiving the medication. Example: *Mary Smith has my permission to take Tylenol one 200mg tablet for complaints of ear pain at noon today and tomorrow. Mrs. Sally Smith*
5. **Telephone permission to administer medications will not be accepted.**
6. Medications containing narcotics or sedation for pain relief will not be administered at school. For their own safety, children requiring this type of medication should remain at home until this medication is no longer required during school hours.
7. If your child needs to carry his or her inhaler or EPI-PEN with them, an **ADMINISTRATION OF MEDICATION** form must be completed and signed by you and your physician.
8. For school related trips, (including overnight), students may carry and independently take their own prescription medication with written authorization of both the student's physician and parent/guardian. Students may also carry and independently take non prescription medication with written authorization of parent/guardian on school related trips.
9. Students are not permitted to carry any medication with exception of #7 and #8. Any medication found in your child's possession may result in disciplinary action.
10. All refills on medication that your child may take on a regular basis must be in the prescription bottle. No medication will be accepted that is sent in any other container. Medication that will be required throughout the school year may be sent in monthly amounts. If the medication is to be given for only a short period of time, the medication should be sent in weekly amounts.
11. Medication must be sent in the form that it is to be given. School staff will not divide tablets.
12. If the medication dosage is discontinued at school prior to the stop date on the **Administration of Medication Form**, a doctor's note is required. If the dosage is changed, a new **Administration of Medication Form** will be required.
13. No medication will be sent home with a student under age 18. The parent/guardian must pick the medication up from school.

If the above procedures are not followed, **we will not administer medications to your child.** We appreciate your cooperation in this matter. We hope you understand that this is for the safety of all of our students.


Sincerely,



Jamee Flaherty  
Assistant Superintendent  
for Student Services



Mandy Cowans RN  
School Nurse



Kaitlyn Emig RN  
School Nurse



Rhonda Wassom RN  
School Nurse

**Administration of Medication Form**

**FORT THOMAS INDEPENDENT SCHOOL DISTRICT**

Robert D. Johnson Elementary  
441-2444 fax: 572-4948

Samuel Woodfill Elementary  
441-0506 fax: 441-2755

Highlands Middle School  
441-5222 fax: 441-4210

Ruth Moyer Elementary  
441-1180 fax: 441-9440

Highlands High School  
781-5900 fax: 442-4212

Dear Parent or Guardian:

If your child requires medication, if possible, please try to schedule it before or after school hours. If the medication is to be given during school hours, we must have this form completed and signed by you and your child's physician. Your doctor may fax this form to the school office. The duration of this form is for one (1) school year only.

SCHOOL YEAR \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Grade: \_\_\_\_\_ Allergies: \_\_\_\_\_

**TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Directions: \_\_\_\_\_

Administration Time: Lunch \_\_\_ or \_\_\_ Route: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Duration: Start: \_\_\_\_\_ Stop: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Directions: \_\_\_\_\_

Administration Time: Lunch \_\_\_ or \_\_\_ Route: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Duration: Start: \_\_\_\_\_ Stop: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Directions: \_\_\_\_\_

Administration Time: Lunch \_\_\_ or \_\_\_ Route: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Duration: Start: \_\_\_\_\_ Stop: \_\_\_\_\_

\*\*\*\*For inhaler, EpiPen, FDA approved seizure rescue medication, and/or Glucagon, the student has received training to carry the inhaler or emergency medication and may carry and self-administer this medication.

YES  NO

\*\*\*\*For field trips, the student has received training and may carry and self-administer the medication/s listed above.

YES  NO

I give permission for the administration of this medication/s by trained school personnel according to standard school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication/s. School officials may need to contact the ordering physician if additional information is needed. I hereby authorize release of any needed information from the ordering physician regarding this medication. Student may self-administer the above medication/s with school trained personnel supervision while on a field trip. In the case of field trips or school related functions, slight adaptations to the time the medication is administered may also be necessary.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent's Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Fax Number

For student health services/procedures not involving medication only, please refer to 09.22 AP.22.

REVIEW/REVISED:7/11/2016