Wyoming Central School

Medication Administration in School & Field Trips/Self-Administration in School & After School Activities Request for Prescription & Non-Prescription (Tylenol/Advil)

Dispensing medication in school is contrary to statutory regulations under the Nurse Practice Act and the State Education Law. We realize, however, that it is sometimes necessary for a student to take internal medication during school hours. The school nurse may administer during school hours/off school grounds or after school hours while participating in a school- sponsored activity and or the student may self-administer the medication listed below.

Requirements for administration of medication include:

1. A written request from the Physician indicating the frequency and dosage of the prescribed medication.
2. A written request from the parent to administer the medication as prescribed by the Physician.
3. An adult brings the medication to the school in the original prescription bottle or the original over the counter bottle. Students are not allowed to bring medications to school or to carry it with them unless the proper paperwork is filled out and filed with the nurse.

Physician to complete:

_____ is under my care and it is necessary that he/she be given the following medication during school hours.

Diagnosis: _____

Name of Medication: _____ Dosage: _____

Route: _____ Time medication is to be administered during school hours: _____

Possible Side Effects/Adverse Reactions: _____

Duration: _____

If PRN medication, conditions under which medication should be administered: _____

Physician's Signature: _____ Date: _____

Parent/Guardian to complete:

I hereby request that my child, _____ be given the medication as prescribed by his/her Physician.

Parent/Guardian Signature: _____ Date: _____

Self-Carry/Self Administer:

_____ is permitted to self-carry/self-administer the above prescribed medication. They are allowed to keep the mediation in their locker/bag/purse and carry on field trips only, as we consider them responsible. (**Controlled medications are excluded**). The have been instructed in and understand the purpose, appropriate method, frequency, and use of this medication. It is understood that if there is irresponsible behavior or a safety risk, the privilege of carrying their medication will be rescinded.

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____