

# ROCHESTER AREA SCHOOL DISTRICT Medication Policy

## UNIFORM GUIDELINES FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS:

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. When the medication absolutely must be given during school hours, certain procedures must be followed:

### FOR PRESCRIPTION MEDICATIONS:

1. The physician must complete the prescription medication form (attached).
2. The parents must sign at the bottom of the same form. Additional forms are available in the Nurse's office.
3. Any medication to be given during school hours must be delivered to the school nurse, health room aide or the school principal's designee by the parent or a responsible adult. The medication must be brought to the school in the original pharmaceutically dispensed and properly labeled container. The label should include the student's name, name of medication, times to be given, dosage prescribed and the doctor's name. Place the medication and form in a sealed envelope.
4. A prescription drug log will be kept for any child receiving prescription medication during school hours.
5. The school nurse or the health office aide will administer the medication.
6. Medications will be secured in a locked cabinet in the Nurse's Office.
7. Students will be responsible for reporting to the Nurse's Office at the time the medication is to be given.

### ASTHMA MEDICATIONS:

Call the nurse's office for the Asthma Policy to keep inhalers/asthma medication in school.

### FOR NON-PRESCRIPTION MEDICATION:

1. Students are not permitted to carry non-prescription medication to school unless absolutely necessary. These must be kept in the locked cabinet in the Nurse's Office.
2. The parent/guardian should complete the following form and place it in a sealed envelope with the medication.

## Parental Consent for Administration of Non-Prescription Medication

Name of  
Child \_\_\_\_\_ Grade \_\_\_\_\_

Name of  
Medication \_\_\_\_\_ Time \_\_\_\_\_ Dosage \_\_\_\_\_

Duration of Medication Administration \_\_\_\_\_ Possible  
Reactions \_\_\_\_\_

I give my permission for the school nurse, health room aide or other designated person to give the above medication to my child during school hours.

I release the Rochester Area School District and all its employees for any and all liability for damages my child may suffer as a result of this request.

Signature of  
Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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Board Approved: August 25, 2014