



**Weatherford Christian School
Health Services**

Medication Administration at School Guidelines

All medications should be given at home, including the *first dose* of any medication. The administration time of medications should be adjusted so that only one dose will need to be administered at school. All medications must be given directly to the campus nurse and checked in to the clinic by a guardian. The school nurse has the discretion to use professional judgment in medication administration.

1. All **prescription medication** must be:
 - a. Provided by the parent/guardian and accompanied by a signed permission slip.
 - b. In its original container, properly labeled.
 - c. Inhalers must be kept in the nurse's office. A student may only carry an inhaler if a physician's order is provided to the school. In the event that a student must carry an inhaler, an additional inhaler should be kept in the nurse's office.
2. All **over-the-counter medications** must be:
 - a. Provided by the parent/guardian and accompanied by a signed permission slip.
 - b. In its original, age-appropriate container, and will only be administered according to label directions.
 - c. Will not be given more than ten consecutive days without a physician's order.
3. All **sample prescription medication** must be:
 - a. Provided by the parent/guardian and accompanied by a signed permission slip.
 - b. In its original container and will only be administered with a physician's order.
4. All **other medications** not listed above must be:
 - a. Provided by the parent/guardian and accompanied by a signed permission slip.
 - b. In its original container, accompanied by a patient information sheet listing ingredients, actions, and side effects.
 - c. It will only be administered with a physician's order, including dosage information.
5. Weatherford Christian School cannot assume any responsibility for loss or negligent behavior when a student carries his/her medication without the nurse's knowledge.
6. A trained, unlicensed employee may administer medication.
7. Aspirin will not be administered to students under 18 years of age without a physician's order.

8. Approved medications are those that the FDA approves. Alternative therapies, herbals, and supplements are not approved or controlled by the FDA and, therefore, cannot be administered by school personnel.
9. Any medication not picked up by a parent/guardian at the end of the year will be discarded, with no exceptions.

PARENTAL REQUEST FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

In order for this student to remain in school, it is necessary that the following medication be given during school hours as directed.

Student: _____ **DOB:** _____

Allergies to Medications: _____

Teacher/Grade: _____

Name of Medication _____ **Relevant Diagnosis** _____

Dose _____ **Route** _____ **Time** _____

Circle One: Daily Administration/ Episodic or Emergency Event ONLY

Name of Medication _____ **Relevant Diagnosis** _____

Dose _____ **Route** _____ **Time** _____

Circle One: Daily Administration/ Episodic or Emergency Event ONLY

I request that the medication specified above be administered to my child.

Parent/Guardian Signature: _____ **Relationship:** _____

Date: _____

PHYSICIAN DOCUMENTATION

****MEDICAL PERSONNEL ONLY****

Please include orders for prescribed medications that must be taken during the school day.

Name of Medication _____ **Relevant Diagnosis** _____

Dose _____ **Route** _____ **Time** _____

Circle One: Daily Administration/ Episodic or Emergency Event ONLY

Name of Medication _____ **Relevant Diagnosis** _____

Dose _____ **Route** _____ **Time** _____

Circle One: Daily Administration/ Episodic or Emergency Event ONLY

Physician Signature/Phone Number: _____ **Date:** _____