Danville Area School District

Student Health Services

Danville Senior High School
St Joseph's Elementary
St Cyril´s Kindergarten
Carla Raup, MHA, BS, RN, CSN
570-271-3268 ext 1103
Fax # 866-240-4318

Danville Middle School
Homeschool
Abbie Blasick, BSN, RN, CSN
570-271-3268 ext 3804
Fax # 866-283-7030

Liberty Valley Intermediate
Abbie Blasick, BSN, RN, CSN
Ruth Hosterman, LPN
570-271-3268 ext 3414
Fax # 866-428-5112

Danville Primary School
Carla Raup, MHA, BS, RN, CSN
Jess Petersen, LPN
570-271-3268 ext 2108
Fax # 866 -274- 6209

Administration of Medication

Ideally, medication should be given at home before and/or after school. However when this cannot be done, the safest method possible will be followed. Students who need to take medication, prescription and over-the-counter (OTC), during school must comply with the following school district regulations:

(1) The written request of the parent/guardian that gives permission for such administration and relieves the District and its employees of liability for administration of medication.

(2) The written order of the prescribing licensed provider which includes:

- Student's name
- Name and signature of the licensed provider and telephone number
- Name, dosage and route of the medication
- Frequency and time of medication administration
- Date of order and length of time to be administered
- Specific instructions for administration, if necessary
- List of other medication prescribed

(3) All over-the-counter (OTC) medications must have parent signed permission for administration. Additionally, all OTC medications not included as a Standing Order approved by the DASD school physician, must have a medication permit completed by a prescribing licensed provider. This includes Standing Order medications that are requested frequently and on a regular basis for the same complaint.

(4) All medication must be brought to school by the parent/guardian or a responsible adult designated by the parent/guardian.

(5) All medications, prescription and over-the-counter, must be stored in the nurse's office. Medications cannot be carried or stored in lockers, backpacks, lunch bags or sports bags.

(6) All medication must be in the original labeled container. Medication in plastic bags or other non-original containers are not acceptable. This can be accomplished by asking the pharmacist to divide the dosage into two labeled containers (one for school; one for home) when the prescription is filled. If that is not possible, please bring the original container to school with the necessary amount of medication for school dosage; keep the remainder at home.

(7) Any medication remaining at the end of the school year must be picked up by the parent/guardian or a responsible adult designated by the parent/guardian. Any medication remaining by the close of school on the last pupil day will be destroyed.

(See reverse side for medication permit)

TO THE PHYSICIAN/PRESCRIBING LICENSED PROVIDER

Please confer with the parent to arrange medication time intervals to avoid school hours. School policy permits licensed school personnel to administer or supervise the self-administration of prescribed and over-the-counter (OTC) medication provided to the school in the original, pharmacy-labeled container with a written order from the student's prescribing licensed provider.

DATE: _____

NAME OF STUDENT: _____

DIAGNOSIS: _____

ALLERGIES: _____

MEDICATION/DOSAGE/TIME/ROUTE/LENGTH OF TIME TO BE ADMINISTERED:

1. _____

2. _____

3. _____

SPECIAL INSTRUCTIONS (such as curtailment of school activities, possible side effects, etc.):

_____

LIST ANY OTHER MEDICATION WHICH HAS BEEN PRESCRIBED:

_____

PHYSICIAN/PRESCRIBING PROVIDER SIGNATURE:

_____

PHONE NUMBER:_____ DATE:_____

TO THE PARENT:

I, the parent/guardian, authorize the Certified School Nurse or other licensed school health staff (RN, LPN) to administer/supervise the self-administration of the above medication as prescribed. I relieve the Danville Area School Board and its employees of liability in the administration of this medication. I agree to allow the Certified School Nurse to contact the prescribing physician/ licensed provider concerning medication(s) if necessary and to share information relevant to the prescribed medication administration as she/he determines appropriate for my daughter's/son's health and safety.

PARENT/GUARDIAN SIGNATURE: _____ DATE:_____

Medication must be brought to school by the parent/guardian or an adult designated by the parent/guardian. This form is to be presented to the school nurse/designee and the form is to be retained in the nurse's office.