



LEADING THE WAY

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and life-long learning.

Dear Parent/Guardian:

Central Bucks School District has a medication policy that requires both parent/guardian and healthcare provider authorization. Medication can be administered to students by licensed nursing staff only when such medication is required and accompanied by a healthcare provider's order.

With written parent/guardian consent, the Central Bucks School District Medical Director's orders allow for the administration of certain no n-prescription medications such as cough drops, Visine, antibiotic ointment, acetaminophen, ibuprofen and antacids according to the manufacturer's recommended dosage. Any deviation from the manufacturer's recommended dosage requires a completed Medication Dispensing Form outlining the specific order.

Administration of all other prescription and non-prescription medications requires a completed Medication Dispensing Form. The term "medication" includes prescription drugs as well as non-prescription medications (e.g. cortisone cream, antibiotics, eye/ear drops, cough medicine, etc). Completion of the Medication Dispensing Form requires signatures from both the parent/guardian and the healthcare provider. A separate form must be completed for each medication and must specify the medication name, dosage, time, route of administration, and reason/indication.

In cases where the Medication Dispensing Form is not available and the administration of medication is necessary, school nursing staff may obtain verbal orders from the prescribing healthcare provider for a one time dose. However, any order for medication to be administered at school on the following day or future days must be accompanied by a completed Medication Dispensing Form signed by both the parent/guardian and the healthcare provider.

All medications to be administered by licensed nursing staff, including both prescription and over-the-counter medications, must be delivered directly to the school health office and stored there for safety. Only a 30 day supply of medication will be accepted at the time of drop-off. Medications (or supplements) in plastic bags, unlabeled containers, bottles, or syringes, aluminum foil, envelopes, old pill bottles, or bottles labeled for another family member will not be accepted or administered.

In accordance with Act 187 of the School Code and Central Bucks School District procedures, students who require rescue inhalers and epinephrine auto-injectors (EpiPens) may be permitted to carry and self administer these medications with a signed healthcare provider's order, parent/guardian permission, and a successful completion of a competency assessment conducted by the school nursing staff.

Please contact your school health office with questions or concerns. Your cooperation in this matter is appreciated. As always, our primary concern is the health, safety, and well-being of our students.

Sincerely,

Superintendent
Dr. Joanna Wexler

Supervisor of Nursing and Health Services
Leanne Milligan, MSN, MEd, RN, CSN, CSSHS

Central Bucks Administrative Services Center
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MEDICATION DISPENSING FORM

All medications, whether prescription or non-prescription, must be stored in the school health office and must be accompanied by a healthcare provider's order. The protocol for students who require medication in school is as follows:

- The healthcare provider must complete and sign the first section of this form, and the parent/guardian must complete and sign the second section, giving permission to administer the medication in school.
- The order must specify the medication name, dosage, time, route of administration, and reason/indication.
- CBSD will accept a written order on a private prescription form if it is attached to this form with the **completed and signed parent/guardian section**.
- Medication must be delivered to the school health office by an adult. Controlled medications will be counted upon drop off/pick up between nursing staff and parent/guardian.
- Only a 30-day supply of medication will be accepted at the time.
- Medications (or supplements) in plastic bags, unlabeled containers, bottles, or syringes, aluminum foil, envelopes, old pill bottles, or bottles labeled for another family member will not be accepted or administered.
- All medication orders expire June 30th each school year. New orders must be obtained and signed July 1st or after for the following.

TO BE COMPLETED BY HEALTHCARE PROVIDER:

STUDENT'S NAME: _____ **DOB:** _____

NAME OF MEDICATION: _____ **DOSAGE:** _____ **ROUTE:** _____

TIME: _____ **FREQUENCY:** _____ **DIAGNOSIS:** _____

INDICATION: _____ **SPECIAL CONSIDERATIONS:** _____

EFFECTIVE DATES: FROM: _____ **TO:** _____ *(orders expire June 30th each school year)*

By signing below, I certify that I am the healthcare provider responsible for prescribing this treatment and that the student named above is under my care.

SIGNATURE OF HEALTHCARE PROVIDER: _____

PRINTED NAME OF HEALTHCARE PROVIDER: _____

ADDRESS: _____

TELEPHONE: _____ **FAX:** _____ **DATE:** _____

TO BE COMPLETED BY PARENT/GUARDIAN:

I, as the parent or legal guardian of the student named above, hereby consent to the treatment described above by the healthcare provider.

SIGNATURE OF PARENT/GUARDIAN: _____

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