



# ADVENT LUTHERAN SCHOOL

## REQUEST FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

Return completed form to the school for any medication to be taken during school hours.

**PLEASE USE ONE FORM PER MEDICATION**

*To be completed by a Physician for prescription medication or a parent/guardian for non-prescription medication to be taken during school hours.*

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Time(s) administered:** \_\_\_\_\_

**Reason for medication:** \_\_\_\_\_

**Additional directions/symptoms to report:** \_\_\_\_\_

**As needed medication/circumstances to be used:** \_\_\_\_\_

**Give Medication on:**    Empty Stomach    Full Stomach                      **Refrigerate medication:**    YES    NO

**Student May Self Carry Medication for emergency purposes:**    YES    NO

**NOTE:** *The school nurse, who dispenses medication to the above student, may call me at any time with questions or concerns related to this student's medication and medical condition.*

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Doctor's Name (please print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I hereby give permission to school employees designated by school officials to give medication to my child according to previous directions. I further give permission to school authorities to contact my student's physician as necessary and agree to notify the school in writing at the termination of this request or when any medication changes occur.

**I have read the Medication Criteria for Dispensing Medication at School and agree to meet these criteria. ALL medication must be in its original container and properly labeled.**

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Daytime Phone number(s):** \_\_\_\_\_

## **MEDICATION CRITERIA FOR DISPENSING MEDICATION**

*To be used when a student is receiving medication during school hours.*

1. Students requiring medication during school hours shall bring to the school nurse or designee, a completed "Request for Medication Administration During School Hours" form signed by a physician and parent/guardian for a prescription medication or signed by a parent/guardian for a non-prescription medication. School personnel may then administer medication to the child as prescribed. All medication authorization forms must be renewed annually. It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child.
2. **PRESCRIPTION MEDICATION** must be supplied in the original container that is labeled for school authorities. The label on the bottle must be the Pharmacy's original label and must contain the student's name, the pharmacy name and phone number, the name of the prescribing physician, the medication name, and directions for dispensing, route, dose, time(s), and storage of medication.
3. **NON-PRESCRIPTION MEDICATION** must be in the original container with expiration date clearly visible. Directions for dispensing and the student's name must be labeled on the container. Dosage for non-prescription medication may not exceed recommended dosing from manufacturer.
4. Parents are responsible for supplying all medications for the student. No medication will be shared with another student **\*\*\*Exceptions** are for immediate family only and do not include prescription medications. Each family member must have his or her own Request for Medication Administration During School Hours form.
5. All medications will be kept in a locked cabinet. The designated school personnel shall supervise taking the medication at a time conforming to the indicated schedule. It is the responsibility of the student to get his/her medication at the designated time.
6. It is important that an accurate and confidential system of record keeping be established for each student receiving medication. The physician's request for medication to be administered during school hours shall be kept on file. The parents must notify the school when the drug is discontinued or the dosage or time changed. An updated medical authorization form is required for **ALL** changes in medication.
7. It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. The school headmaster must sanction any special circumstances regarding delivery of medication to the school. All unclaimed medication at the end of the school year will be disposed of after written notification to the parent/guardian.
8. School personnel should, under no circumstances, provide any medication to students without meeting the criteria in 1 to 7 above. Diagnosis and treatment of illness and the prescribing of medication are **never** the responsibility of a school and should not be practiced by any school personnel.