

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

**School Medication Order To Be Completed by Health Care Provider**

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Special instructions:

Please check all that are applicable:

If morning dose is not given at home, please give morning dose of \_\_\_\_\_ after verbal or written confirmation from parent.

This student is self-directed\* regarding this medication (**Emergency medications only.**)

\*They understand the purpose, name, amount, dose, frequency, and effect of taking or not taking the medication, can recognize the medication and refuse to take it inappropriately. They can ingest, inhale, apply or calculate and administer the correct dose of the medication independently.

(**Emergency meds permitted are: EpiPens, Insulin and Asthma inhalers.**)

I have determined this student is responsible in taking their own medications (**emergency meds only**) and in addition, give them permission to self-carry and self-administer this medication. They will be considered independent in medication delivery and need assistance only during emergencies.

Licensed Provider (Please Print:) \_\_\_\_\_

Provider's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**To Be Completed By Parent**

I give permission for the above medication to be administered to my child as ordered by my healthcare provider. I will furnish the medication in the original pharmacy container, properly labeled with directions and dosage, or original over-the-counter container/packing with my child's name on it. (Complete medication procedure on reverse.)

Parent/Guardian Signature; \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Permission for Self-Administer/Self-Carry of Emergency Medications**

Parent permission and provider consent is required for students to self-administer and self-carry medications. **Students are considered independent in taking their medications and require no supervision by the nurse except in emergencies.** Parents assume responsibility for ensuring that their child is carrying and taking their medication as ordered. Schools may revoke this privilege if the student proves to be irresponsible or incapable.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Procedure for the Administration of Medication In School**

The Nineveh-Hensley-Jackson United School Corporation (Indian Creek Schools) have established a medication procedure to guide parents and school personnel.

### **Prescription Medications -**

Medication form must be completed for prescribed medications and on file with the school nurse for your child to be allowed to take prescribed medications during school hours. This written request form (on reverse) must include signature of the physician and parent/guardian.

Short-term medications (i.e. antibiotics) taken for five days or less, the prescription bottle is acceptable as the physician's order. Signed parent/guardian is still required.

If the medication is a controlled medication (Schedule 1 or 2) parents must bring this medication to the student's school.

**For emergency medications such as asthma inhalers or epi-pens**, students may carry in their possession and self-administer as needed, provided they have been adequately instructed in their use by a physician (as documented on the reverse side of this form.) and form is on file with school nurse.

Medications should be administered to school age children at home whenever possible.

### **Over the Counter -**

Any over-the-counter medication intended for the school year must have physician note on file detailing reason, dose, and frequency. This includes vitamins, herbal, homeopathic, essential oils, and natural remedies.

Over-the-counter medications (Tylenol, Ibuprofen, etc) must have a parent note and will not be given for longer than five (5) days unless a physician has prescribed the OTC medication.

Over the counter pain relief medications will not be given until 2 hours after the start of school or 2 hours before dismissal unless parent/guardian notifies school nurse of the reason.

The schools DO NOT provide medications such as Tylenol, Advil, etc. for student use.

Aspirin and aspirin-based products are not given.

### **All Medications -**

Students may not keep any medication in their possession, locker or desk, or self-administer medication without proper authorization from school nurse. Doing so is a violation of school policy.

All medications are provided to the school in the original container properly labeled with student's name. No medications in plastic bags, envelopes and/or other containers will be given.

Any changes in the medication dosage, route, and/or time to be given requires a new medication form.

Medications will not be sent home with students in Grades K-8. Medications may be sent home with Grade 9-12 students upon parent request with the exception of controlled medications. **School personnel will destroy all medications not picked up by parent/guardian within one (1) week of school end.**