



Guidelines for Medications To Be Administered at School by School Employees

I. Non-Prescription Medication

- A. Administering of non-prescription medication must be requested by a parent, legal guardian, or person in legal control.
- B. This type of medication, i.e., aspirin, cough medicine, etc., must be clearly labeled to include the student's name, name of the medication, and frequency of administration. Non-prescription medication must be FDA regulated.
- C. The medication must be in the original package and not passed the expiration date.

II. Prescription Medication

- A. Administering of prescription medication must be requested by a licensed physician or dentist and a parent, legal guardian, or person in legal control.
- B. Prescription medication should be labeled to include the student's name, doctor's name, dosage, and frequency of administration. Prescription medication must be a current prescription and must be FDA regulated.

III. General Procedures

- A. All Medications must be transported to and from school by a parent or guardian.
- B. Medication Request form must be completed and signed by the necessary persons, i.e. physician and/or parent. Parents must provide an empty, labeled bottle for field trip medication.
- C. The student is responsible for the timing of his/her medication.
- D. An entry in the nurse's daily report should be made each time a medication is administered at the nurse's office.
- E. When possible all medications that are administered by school personnel should be kept in the nurse's office. If the nurse is not available, the Principal of that school is responsible for placement and administration of medications.

(cut along this line and return to school nurse or principal's office)

School

Date

Please permit _____ to take the following medication(s):

Name of Medication(s)

Remarks pertaining to taking medication (if necessary)

Please select ONE of the following options regarding the disposal or return of above medication:

- _____ **Nurse will dispose of the remaining medication.**
- _____ **Parent will pick up the medication.**

Parent/Guardian Signature

Phone Number