

FREEDOM AREA SCHOOL DISTRICT
HEALTH SERVICES

(Rev 1/2014)

Dear Parent/Guardian,

While it is preferred that medication is administered outside of school hours, we recognize the need at times for administration to occur during the school day. If your Health Care Provider deems it medically necessary for your child to take medication during the day, the following procedures must be completed:

1. The "Request for Medication Administration in School" signed by a parent and completed by the physician must be returned to your child's health office.
2. Prescription medication must be in the appropriate pharmacy labeled container.
3. Over-the-counter medication must be in the original bottle and labeled with the student's name.
4. The initial dose of medication must be provided prior to request of administration at school (except in instances of emergency medication such as an EpiPen)
5. Acceptable amounts of medication to be stored at school:
 - a. One-week supply for acute (short-term) illness
 - b. Thirty-day supply for chronic (long-term) conditions
6. The nurse must be notified of any changes in medication, dose change or time change and the change must be accompanied by a licensed prescriber's written statement. A faxed written statement with licensed prescriber's signature will be accepted for changes.
7. **For students in grades 5 through 12 who carry and self administer emergency medications, additional paperwork must be completed by the parent and student and can be requested from the school nurse.**

It is the responsibility of your child to report to the health office for his/her medication. Younger students may be reminded by the teacher or nurse.

Please remember your child may not receive his/her medication if these procedures are not followed.

Only a parent/guardian or a parent/guardian approved adult may bring medication to the school. Students are not permitted to carry medication to, from, or during school. The only exception is those students who have registered inhalers or EpiPens in the Nurse's Office. Any adult dropping off medication that is to be given to a student by the school nurse during school hours must report to the Nurse's Office to deliver that medication.

Feel free to contact your child's school nurse if you have any concerns or questions regarding this matter.

FREEDOM AREA SCHOOL DISTRICT
Request for Medication Administration in School

To be completed by licensed prescriber:

DATE: _____

Student's Name	Student ID#	Grade/Homeroom
Medication	#1	#2
Dosage		
Time of Administration		
Length of Administration	Start Stop	Start Stop
Reason for Medication		
Administration Instructions		
Side Effects		
Field Trip	Please check the following option when a parent/guardian or parent/guardian designee (non-staff) is unable to attend a field trip: <input type="checkbox"/> Yes, the prescribed dose can be withheld on the day of the field trip. <input type="checkbox"/> Yes, the time can be adjusted with the parent/guardian to be administered upon return to school. <input type="checkbox"/> No, this medication must be given to the child at the prescribed time. Explain: _____	
Competency for Self Administration	I, _____, certify that this student has a potentially life threatening illness and <small>(licensed prescriber's printed name)</small> requires an inhaler or auto injecting epinephrine. This student is competent and has been instructed in the proper method of self administration of said medication. This student may therefore carry and self administer his/her inhaler or auto injecting epinephrine.	
Signature of Licensed Prescriber	Name _____ Phone _____ <small>(not valid without licensed prescriber signature)</small>	

To be completed by Parent/Guardian:

I give permission for my child to receive the above noted medication at school according to School Board Policy 3450. I waive and release the District and any District employee from any and all liability or responsibility for the administration of the medication or benefits or consequences of the medication and acknowledge that the District bears no responsibility for ensuring that the medication is taken. I also give permission for the certified school nurse to contact the licensed prescriber, as necessary, regarding the medication.

Parent/Guardian Signature: _____
(not valid without signature)

TELEPHONE

Home: [_____] Work: [_____]
 Cell: [_____]

If there is a two hour delay of opening school:

Yes, administer my child's medication as prescribed.
 No, I will contact you if the time is to be adjusted.

**ONLY PRESCRIBED MEDICATION CAN LEGALLY BE ADMINISTERED
 BY LICENSED MEDICAL PERSONNEL**