

MEDICATION PROCEDURE

Date:

Dear Parent/Guardian:

In order to administer a prescription or non-prescription medication, including cough drops, aspirin, Benadryl and etc. to students in our schools, we must have written permission from a child's parent and licensed prescriber (family physician). Prescription medications require permission from a non-parent licensed prescriber.

If it is necessary to administer a prescription or non-prescription medication to your child anytime during the school year you will need to:

1. Have your family physician complete Section A of the attached "Medication Authorization Form", sign and date. You must complete and sign Section B. Each medication authorized must be listed on the form.
2. Bring the form and the medication to my attention at the school health office. This must be done by an adult. Students are not permitted to carry medications into school. Please check-in at the Main Office when you arrive.
3. Medication must be in the original prescription bottle. Properly labeled with specific prescription medication must be in the original bottle or packaging with the student's name on it.
4. Loose medication in a baggie, envelope or other non-original container will not be accepted.

It is important for you to be aware of the following:

- If half-pill dosage is required, please cut pills prior to bringing to school.
- If the dosage changes, a new form must be completed and a new medication bottle with a current label from the pharmacist must be brought in.
- All medications will be given as close to the prescribed time as possible, however medications may be given up to one hour before and not later than one hour after the prescribed time. Your family physician should be advised of this policy. Please let me know if there is a time-specific concern regarding administration of the medication.
- New forms are required for each school year.
- Any leftover medication must be picked up at the end of the school year or it will be discarded.

It might be helpful if you keep this letter for future reference. Thank you for your assistance.

If you have any questions, contact me at _____

Sincerely,

_____, RN
_____, School Nurse