

Mansion Day School
Request for Administration of Medication

PHYSICIAN'S SECTION (to be filled out by a physician)

_____ is under my care and should
Name of Student _____

receive _____ at the following times: _____

Name of Drug, Dosage, Route: _____

Diagnosis/ Reason for Medication: _____

Specific Instruction for Administration: _____

Possible Side Effects to Watch for: _____

Special Storage Instructions: _____

Starting Date for Medication: _____

Expiration Date of this Request: _____

For Asthma Inhalers

Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack:

Student has been instructed on proper use of inhaler and is responsible to carry inhaler and self administer (5th grade students only): **yes** ___ **no** ___

Office personnel will request a duplicate inhaler be provided for availability in the office.

Parent Signature: _____ Physician Signature: _____

Date: _____ Physician Telephone: _____

PARENTS SECTION

I hereby request and give my permission to the Board approved personnel to administer the above stated medication to my child. I further acknowledge by signing this form that the school district or its personnel are under no obligation to render assistance in administering medication and do hereby release all Board designated school employees and the Board of Education from liability for damages or injury resulting from either performing or not performing the assistance requested.

I have read and understand the policy for administration of medication (stated on back page).

Name of Child: _____

Home Address: _____ HomePhone: _____

Parent Signature: _____ Date: _____

Administering Medication

A. Prescribed Medications:

(1) In order for prescribed medication to be administered to children, a note from the physician prescribing the medication should include the following information:

- a. The name of the student
- b. The name of the medication as well as dosage to be administered.
- c. The times at which each dosage of the medication is to be administered at school.
- d. The date the medication is to begin and end.
- e. Any severe or adverse reactions that should be reported to the physicians along with contact information at which the doctor can be reached.
- f. Special instructions for the administration of the drug, including sterility & storage.

This information should be submitted to office personnel upon arrival at school. Any changes in the information originally provided must be noted in a statement provided by the physician.

(2) Prescription medication must be administered by school personnel.

(3) All prescription medications must be presented to school personnel in their original container, labeled with the following:

- a. Child's Name
- b. Doctor's Name
- c. Name of Medication
- d. Dosage to be Given
- e. Time to be Given

(4) Medication must be stored in a storage cabinet in the office or clinic.

B. Non-Prescription Medications:

(1) Authorized personnel will administer FDA approved non-prescription medication upon request of parents.

(2) All requests for administering non-prescription medication must be made in writing to the office. Such requests must include written instructions including name of medication, name of child, dosage and time medication is to be administered and parent signature. Dosage must not exceed manufacturer's recommendations for child's weight and or age.

(3) Non-prescription medication must be administered from school office.

(4) The medication must be labeled with the child's name, the dosage to be given and the time the medicine is to be administered. Only a week supply of medicine is normally kept at school.

(5) Non-prescription medication should be stored in a storage cabinet in the clinic or office area. Any non-prescription medication that is to be stored in a refrigerator will be stored in the main office.

(6) All medication must be presented to school personnel in its original container and labeled with the child's name.

(7) Dosage exceeding manufacturer's recommendations must be accompanied by a physician's order as in part A- (1).

C. Medication Verification:

(1) Teachers are not allowed to administer any medications without verification & permission from the office.