

USD #244 GUIDELINES FOR DISPENSING MEDICATIONS

The schools will cooperate with parents in circumstances when a student must take medication during the school day and when properly authorized to do so. Written request from a physician or dentist must accompany all medication, **including over-the-counter medicine, herbs, and alternative products**. The following guidelines must be followed:

1. A permission document must be on file at school (see form below). A permission form must be completed every year and when medications or dosages change.
2. Medication must be sent in a container on which the child's name, dosage, and type of medication are clearly noted. Two containers may be needed—one for school and one for home.
3. Send only the amount of medicine needed at school. Medication will not be sent back and forth from school to home.
4. The first dose of medication needs to be given by the parent/guardian.
5. Medication to be given 3 times a day may be given before school, after school, evening or bedtime and would not need to be given at school.

<u>Request for Medication to be Administered During School Attendance</u>	
Name of Student: _____	Grade: _____
School: _____	Teacher: _____
Medication: _____	Dosage: _____
Date Medication Started _____	Reason for Rx: _____
Time of Day Medication is to be Given: _____	
Anticipated Number of Days to be Given at School: _____	
Possible Side Effects: _____	
Date: _____	Physician Signature: _____

I hereby give my permission for _____ (student) to take the above medication at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the child because of administering such drug. I also give my permission for interaction and sharing of information between the school nurse and physician and other appropriate professionals pertaining to the condition for which this medication has been prescribed.

Date _____ Parent Signature _____

Signature of School Nurse _____

Delegated Unlicensed School Personnel _____