

## Medication Administration Policies and Procedures

Medication, including prescription and over-the-counter medications, herbal preparations or homeopathic remedies, enzymes, vitamins and minerals should not be administered in school unless absolutely necessary. If it is crucial for your child to take medication during the school day, please refer to the following procedures/guidelines:

1. The medication must be submitted to the school nurse with the completed Authorization for Medication During School Hours form.
2. The Authorization for Medication During School Hours form must state the following:
  - Necessity of the medication (diagnosis)
  - Name of the medication
  - Medication dosage
  - Time the medication is to be administered (frequency and expected duration)
  - Side effects of the medication
3. The Authorization for Medication During School Hours form must be signed by both the student's physician/healthcare provider and the student's parent/guardian.
4. The Authorization for Medication During School Hours form is valid for one school year. The school year begins on July 1. ***The Authorization for Medication During School Hours form must be signed by the student's physician/healthcare provider on or after July 1.***
5. If the dose or time of the medication changes during the school year, a new Authorization for Medication During School Hours form will be required.
6. All medication must be brought to the school by a parent/guardian or responsible adult. Medication may not be transported to and from school by the student.
7. Prescription medication must be supplied in the original pharmacy labeled container. Non-prescription medication must be in the original container with the label intact.
8. The first dose of any new medication will not be given in school for your child's safety.
9. If the school delays opening or dismisses early, your child's medication will not be given unless special arrangements are made with the school nurse.
10. Students are expected to report to the health room at the prescribed time of administration.
11. For any student requiring medication on a school-sponsored field trip, it is the parent/guardian's responsibility to contact the school nurse to plan for proper administration of medication on the trip. Medication will not automatically be sent on field trips.
12. All student medication remaining in the health room at the end of the school year must be picked up by the student's parent/guardian/responsible adult and will not be sent home with the student. Unused medication must be picked up by the last day of school or it will be discarded.



### Authorization for Medication During School Hours

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade/School Year: \_\_\_\_\_

Please have Healthcare Provider complete the following:

Provider Name: \_\_\_\_\_

Provider Phone Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency/Time of Administration: \_\_\_\_\_ Duration: \_\_\_\_\_

Side Effects: \_\_\_\_\_

- Student may self-carry Inhaler and/or Epinephrine Auto-Injector
- Student may self-administer Inhaler and/or Epinephrine Auto-Injector
- Student has demonstrated proper use of Inhaler and/or Epinephrine Auto-Injector

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I do hereby Release, Discharge, and Hold Harmless the Lehigh Valley Charter High School for the Arts, and their Agents and Employees from any and all Liability and Claims in connection with the Administration of the Name Medication to my Child. **Medication will not be sent on field trips unless specific arrangements have been made. School Nurses do not accompany students.** The above information may be shared with appropriate personnel on a need to know basis. The health staff of Charter Arts may contact the medical provider for any clarification or concerns regarding the above prescribed medication.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_