

DISPENSING OF MEDICATION

Administration of Medications at School

To assure the school attendance for children who must use medication in the treatment of chronic disabilities or illnesses, the school nurse or the nurse's designee will administer the medication at school. Any student who is required to take medication during the school day must comply with the following regulations:

- a. Written orders from a physician detailing the name of the drug, dosage, and time interval that the medication is to be given.
- b. Written permission from the parent or guardian of the student requiring that the school district comply with the physician's orders.
- c. Medication must be brought to school in a container appropriately labeled by pharmacy or physician.
- d. The initial dose must be administered before the student comes to school.
- e. The above procedure applies to over the counter drugs also.
- f. Medications will be given by the school nurse. In the nurse's absence, medications will be given by a designated trained staff member.

Medication shall not be provided or administered by the school or its employees unless a Request of Administering Medicine or Physician Orders Services Form and a Physician's Order is submitted by the parent and approved by the office. (Tate County School Board Policy JGCD)

Students should not have in their possession medication (including non-prescription medications). Students providing other students with medication may be suspended. Please do not send over-the-counter medicines to the office to routinely be given to students without a Request for Administering Medication form.

**TATE COUNTY SCHOOL DISTRICT
REQUEST FOR ADMINISTERING MEDICATION OR
PHYSICIAN ORDERED SERVICES**

When a child requires medication or health services during the school hours, it is necessary for the school to have on file, in the health record, written requests from the parents and the doctor. The school should be notified in writing of any change in the medication. This request must be renewed at the beginning of each school year.

Student's Name: _____

Address: _____

School: _____ Grade _____ Teacher _____

I hereby confirm my primary responsibility to administer medication and provide health services to my child. However, in the event that I am unable to do so, I hereby authorize Tate County School District and its employees and agents, in my behalf and stead, to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District) lawfully prescribed medication and health services in the manner described above. **I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS AND DELIVERY OF HEALTH SERVICES TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A CERTIFIED NURSE OR HEALTH AIDE, AND SPECIFICALLY CONSENT TO SUCH PRACTICES.** I further acknowledge and agree that, when the lawfully prescribed medication or health services are so administered, or attempted to be administered, I waive any claim I might have against the School District, its employees and agents arising out of the District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication or health services.

Parent's Signature: _____ Date: _____

PHYSICIAN'S ORDER

Child's Name: _____ DOB: _____

Diagnosis: _____

Instructions for Medications/Physician-Ordered Services: _____

Possible Adverse Effects: _____

Do you require a report from the school as to the effects of the medication? YES NO

Length of time medication may be safely administered: _____

Are there any special storage requirements (refrigeration, etc.) _____

Physician's Signature Date Address and Phone Number