

**M.S.A.D. #12 POLICY
ADMINISTRATION OF MEDICATION TO STUDENTS
PARENT AND PHYSICIAN REQUEST FORM**

Although the Board discourages the administration of medication to students during the school day when other options exist, it recognizes that in some instances a student’s chronic or short term illness, injury, or disabling condition may require the administration of medication during the school day. The intent of this form is to ensure the safe administration of medications to students by school personnel and to provide for authorization of student emergency self-administration of medication from asthma inhalers, insulin injectors, and epinephrine pens. The Board encourages collaboration between parents/guardians and the schools in these efforts.

For this purpose, “medication” includes both prescription and non-prescription (over-the-counter) medications. “Physician” includes physicians, dentists, and other licensed health professionals when prescribing within the scope of their prescriptive authority (e.g., nurse practitioners). “Parent” refers to the student’s parent or guardian. “Unlicensed personnel” refers to school staff who are not licensed by the State in any profession that allows for the administration of medication, diagnose medical conditions, provide medical care, and/or prescribe medication (e.g., administrators, teachers, secretaries, education technicians, coaches, bus drivers).

The Board disclaims any and all responsibility for the diagnosis, prescription of treatment, and administration of medication for any student and for any injury arising from a student’s self-administration of medication.

Student Name _____ **Date of Request** _____

Name of Medication _____

Dosage to be Administered (include time of day to be administered)

Medication will be: ___ **self administered by student**

___ **administered by school personnel**

Expiration Date of this Request (may not exceed the school year) _____

The student’s parents shall deliver any medication to be administered by school personnel to the school in its original container. In the event that this is not practical, the parent must contact the school to make alternate arrangements.

No more than a 20-day (one month) supply of medication shall be kept at school, excluding inhalers, diabetic supplies, and epinephrine pens. The parent is responsible for notifying the school of any changes in or

discontinuation of a prescribed medication that is being administered to the student at school. The parent must remove any medication no longer required or that remains at the end of the school year.

The school secretary shall be responsible for the appropriate and secure storage of medications kept at school.

Please check one:

_____ I understand and give my permission for unlicensed school personnel to administer the medication described above according to the attached physician's order (for prescription medications only). In addition, I understand and give my permission for information regarding my student's medication to be shared with appropriate school personnel. Requests shall be valid for the current school year only.

_____ I give permission for my child _____ to self administer the above listed medication according to the attached physician's order (for prescription medications only). In addition, I understand and give my permission for information regarding my student's medication to be shared with appropriate school personnel. Requests shall be valid for the current school year only.

I have read and understand M.S.A.D. #12 Policy JLCD Administration of Medication

Signature of Parent/Guardian _____

M.S.A.D. #12
Physician's Order
For Dispensation of Prescription Medication at School
(This form must accompany the Medication Parent Request Form
for prescription medications)

Student Name _____

Name and nature of the medication (e.g., tablets, liquid, drops) _____

The individual dosage _____

The frequency, dosage, and duration of treatment _____

Potential side effects (may include insert from medication container) _____

Any specific instructions or procedures for the administration of the particular medication to the student

In those circumstances where the school nurse believes that the prescription does not provide sufficient information for appropriate administration, or when the physician has indicated that he/she does not want the medication administered by unlicensed school personnel, he/she shall immediately inform the school who shall schedule a meeting including the school nurse, the building administrator, the parent(s), and appropriate professionals to discuss alternative options for administration of medication to the student.

Physician's Signature _____ Date _____