

To: Parents

From: School Nurse

Re: Regulation for the administration of medication to students by school personnel

Medication may be administered to a student by school personnel provided the regulations for the administration of medication have been satisfied. It is desirable for medication to be schedule at times other than school hours. We recognize that this is not always possible and will cooperate when necessary with the parent and physician for the student to be given prescribed medication. The guidelines for administrating medication required.

A student who is to be administered medication at school must have on file a physician's written order detailing the name of the drug, dosage, and time interval medication is to be taken and the parent 's written consent. The Medication Authorization form must be used for this purpose.

1. The form is to be completed each year and whenever there is a change in the medication, the dosage or the duration of the order expires.
2. A form must be completed for each medication to be administered by school personnel.
3. Medication must be delivered to school by the parent/guardian or another adult designated by the parent in a container properly labeled by the pharmacy or physician. Over-the-counter drugs must be received in the original unopened container.
4. Prescribed medication that has been discontinued by the physician must be picked up within two (2) weeks. The parent/guardian or another adult designated by the parent shall pick up all medication that has not been given at the end of the school year on or before the last day of school.
5. Parent may come to the school and administer medication to their child(ren) at the appropriate times if the above requirement are not suitable. All medication to be administered by a parent/guardian must be administered in the Nurses' station/Office.

School personnel will not administer medication to students unless they have received a properly completed "Permission to Give Medication At School" form. This form must be signed by the parent/guardian, the child's doctor, and received by the school nurse in the appropriate labeled container. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

Hazlehurst City School District  
 Permission to Give Medication At School  
 School Medication Prescriber/Parent Authorization

Student Name:		School Year:	
School:	Grade:	Homeroom Teacher:	
List any known allergies/reactions:		Height:	Weight:
<b>Prescriber Authorization (to be completed by child's physician)</b>			
Name of Medication:		Reason for taking:	
Dosage:	Route:	Frequency/Time(s) to be taken:	
Date to begin medication:		Date to stop medication:	
<b>Special Instruction(s)</b>			
Does medication require refrigeration?		Yes:	No:
Is the medication a controlled substance?		Yes:	No:
Is self-medication permitted and recommended for this student?		Yes:	No:
If asthma inhaler or emergency medication, do you recommend this medication be kept "on person" by "the student"		Yes:	No:
Potential Side Effects/Contradictions/Adverse Reactions:			
Treatment order in the event of an adverse reaction (attach additional sheet or use the back this form if necessary).			
Signature of Prescriber:		Date:	Phone: Fax:
<b>Parent/Guardian Authorization (to be completed by child's Legal guardians)</b>			
<p>I authorize the School Principal or his designee to assign unlicensed school personnel who has completed the Mississippi Board of Nursing Assisted Self Administration Curriculum the task of assisting my child in taking the above medication. I understand that addition parent/prescriber signed statements will be necessary if the dosage of the medication change. I also authorize the School Nurse, School Principal, or his designee to talk with the prescriber or pharmacist should a question come up about medication.</p> <p>Medication must be registered by the school nurse. It must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and the date of drug's expiration when appropriate.</p> <p>Date: _____ Signature of Parent or Guardian: _____</p> <p><b>Or (DO NOT SIGN IN THE ABOVE SPACE IF YOU SIGN BELOW)</b></p> <p>Before any medication is administered to my child by non-nursing personnel, I request that I be called to come to the school to administer the above medications to my child.</p> <p>Date: _____ Signature of Parent or Guardian: _____</p>			
If any question or problem arise, call me at (H)		(Work)	(Cell)