



MEDICATION IN SCHOOLS

Parent Information

Parents have the primary responsibility for the health of their children. This includes the administration of medicine. **SCHOOL DISTRICT SIX PERSONNEL ENCOURAGE MEDICINES TO BE TAKEN AT HOME IF AT ALL POSSIBLE.** Many medicines may be taken before school hours and/or after school hours. Medications given three or fewer times a day usually can be given at home. Medication will be given following state laws only. It is required that medications be kept in the Health Office for the safety of all students.

When school personnel are asked to assist the student in taking medications, the following procedures must be followed:

GENERAL INSTRUCTIONS

- It is the responsibility of the parent to bring any medication to the school personnel. This is very important for the safety of all children.
- Medicine will be given only following state requirements.
- It is the responsibility of the child to request the medicine from the School Registered Nurse or other delegated person in the school.
- It is the responsibility of the School Registered Nurse to make the medicine available to the student or delegate this task to another staff member who has the appropriate training.
- Written authorizations are valid through current school year.
- It is the responsibility of the parent to notify the School Registered Nurse other changes in the medicine. I.e. dosage, times, med..

PRESCRIPTION MEDICATION

- A signed permission slip from a parent or guardian must be on file.
- A written authorization from the child's physician is required.
- The medication must be provided by the parent/guardian in an individual pharmacy labeled bottle for the student who is to receive it. Medication will be given as directed on the pharmacy label and physician's order.

NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION - Provided by Parent

- A signed permission slip from a parent or guardian must be on file.
- A written authorization from the child's physician is required.
- Non-prescription medication must be in the original pharmaceutical container.
- Homeopathic preparations must have physician's authorization.

It is the responsibility of the parent to pick up their student's medicine at the end of the school year or it will be disposed of by the School Registered Nurse.

Parent or guardian will be notified of any non-prescription medications available at school. School procedures for the use of non-prescription medications are approved by the School District Medical Advisor.



Medication Physician and Parent Authorization

- For all medications (prescription or over-the-counter) to be given in school or on school sponsored field trips.
- If a student has a Colorado Department of Education Standardized Health Care Plan for Asthma, Allergies, Seizures, or Diabetes signed by health care provider and parent, this form DOES NOT need to be completed as those plans are sufficient.

Name of Student _____ Birthdate _____ Student ID# _____
 School: _____ Grade _____ Teacher: _____
 School Registered Nurse: _____ School Health Clerk: _____
 Health office Phone: _____ School Fax: _____

Physician / Health Care Provider Authorization for Medication:

Name of Medication _____ Purpose of medication/diagnosis: _____

Dose: (amount and timeline, *Please be specific on "as needed" orders*) _____

Route: _____ Time of day medication is to be given _____ / Lunch / Noon / As needed
(Specific Time(s)) **OR** (Circle one)

Length of time medication is to be given (days, weeks, months, school year) _____

Possible side effects _____

Special notes: _____

Printed Physician's Name _____ Clinic: _____

Physician Phone Number: _____ Fax: _____

Physician's Signature _____ Date _____

NOTE: Medications must be kept in the original labeled bottle or container. *Please ask the pharmacist for a separate labeled bottle to keep at school.* Prescription medications must contain the original pharmacy label that lists: Child's name, Prescribing practitioner's name, Pharmacy name and telephone number, Date prescription was filled, Expiration date of the medication, Name of the medication, Dosage, How often to give the medication, Length of time the medication is to be given. Over-the-counter medication must be kept in the originally labeled container and be labeled with the child's first and last name.

Parent Authorization for Medication Administration:

I hereby give my permission for (student name) _____ to take medication at school as ordered by physician above. I understand that it is my responsibility to provide this medication. I have reviewed with my student the School District Policy regarding the sharing of prescription medication at school, and understand that students may be expelled for inappropriate use of prescription medication.

Medication to be taken at school: _____ Dosage and time _____

Parent/Guardian Print Name: _____ Signature _____ Date _____