

Prescription

Blachly School District -Authorization for Administration of Prescription Medication at School

Name of Student _____ Date of Birth _____

- Parents: Please review the information on the back of this form.

Name of Medication (one medication per form) _____

Start Date _____ End Date _____

Prescription Number (Rx # from label of medication) _____

All prescription medication administered by school staff or self-administered by student must be in the original container with a pharmacy label containing the name of the student, name of the medication, dose, time, route, and any special instructions.

- Check one: School staff to secure and administer medication to student.
 Student to carry and self-administer medication (see below)

I am giving school personnel permission to administer, or to allow self-administration of, medication to my child per the instructions on the pharmacy medication label. I understand parents must pick up all unused medication by the last day of school and that any medication that is not picked up will be destroyed.

Date _____ Signature of Parent or Guardian _____

Self-Administration Requests:

If prescription medication is self-administered physician permission must be printed on the pharmacy label or the physician must sign the statement below.

I give my permission for the student listed above to carry and self administer this medication at school.

Date _____ Physician Signature _____

Physician Name (Print) _____

For use by school staff for self-administration requests: All requests for student self-administration of prescription or non-prescription medication must be approved by the Superintendent or Principal.

Date _____ Signature of Superintendent or Principal _____

Information for Parents about Medication at Blachly School District

In order for school staff to administer medication to students, or for the student to self-administer medication at school, a medication request form must be completed with all of the requested information and submitted to school staff. One form should be completed for each medication and a new form is required each school year.

Forms are available for prescription and for non-prescription medication.

Medication is to be submitted in its original, labeled, container. Prescription medication must have the pharmacy label attached to the container. Non-prescription medication must have the student's name on the container.

Medication is to be brought to and returned from the school by the parent, unless self-administered.

It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication.

Medication will not be administered, or self-administration allowed, until the necessary permission form has been submitted.

Self-Medication

Physician permission is required for self-administration of prescription medication. This may be indicated on the request form for prescription medications or on the pharmacy label.

Self-administered medication can not be approved until the Superintendent's or Principal's permission is obtained. This permission will be obtained by school staff in a timely manner when a written self-medication request is received.

The student may possess only the amount of medication needed for that school day, unless this is not possible due to the manufacture's packaging (i.e. an inhaler).

Injectable Medication

Students who require staff administration, or self-administration, of injectable medication at school can generally be accommodated in Blachly School District. Special arrangements may be needed due to legal and training requirements. Please contact the Blachly District Nurse at 461-8310, for information on these services.

The complete Blachly School District medication administration policy and administrative rules are available at the school office.

For questions or further information on Blachly School District medication policies or practices please contact the District Nurse at 461-8310.