What to do if your child needs medication at school

It is generally safer for your child to receive medication at home. However, there may be times when it needs to be given at school. State laws dictate who may give medicine at school and the authorization needed for it. Below is a summary of the procedure for giving medication at school. It applies to both prescription and over-the-counter medications.

Who can give medications at school?
1. Parents
2. Nurses, but only with a written order from the doctor and the parent
3. Certain staff members, but only with written orders and having been trained by the RN
4. Students themselves, generally if they are 5th graders or older (see below)

What about emergency medications, like inhalers or EpiPens?
Students are encouraged to carry their inhalers or EpiPens whenever possible. The nurses will work with you to determine the best place to keep them, depending on the age of your child and other circumstances. It is important that emergency medications be immediately available on the bus and in the various places the students move to throughout the day. Many parents provide medication for the student’s backpack and an extra to be kept in the office.

What is the procedure for having staff give my child medication?
1. Complete the Medication Order Form (page 2 of this document). We also accept any forms your doctors use as long as both the parent and doctor have signed it.
2. Bring the medication to the school office. This is safer than having your child carry medication that could hurt him/her or others on the bus if misused. Medications must be in the original package, with original labeling. If it is a prescription, ask the pharmacist to package the doses needed at school separately so it won’t need to be carried back and forth from home to school.

What is the procedure for allowing my child to take his/her own medicine?
1. Call the nurse, if possible, before sending the medicine. Depending on the medication, the age of your child (usually grades 5-12), and other circumstances, it may be permissible for the child to bring the medicine and take it when needed.
2. Send a note or the Medication Order Form, explaining why the medicine is needed and when it should be taken. The note must be given to the secretary or nurse.
3. Send the medication to school. Medications for 5th graders should be kept by the teacher; for 6-8th graders in the Middle School office. High school students, and possibly middle school students, may be given permission (by the nurse and principal) to carry theirs.

What if my child becomes sick at school?
Sick children need to go home where they can be cared for and won’t infect other children. The school cannot give medicine to treat fevers. The school does not have medicine to treat headaches, rashes, etc. (you can provide these according to the procedures above).

6/25/12
PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Student: ___________________________ Birthdate: ___________ Grade: ___________

PARENT/GUARDIAN SECTION * SECCION DE PADRE/GUARDIAN

I request that the school nurse, or designated staff member, administer the medication prescribed below, in accordance with the healthcare provider instructions.

Yo pido que la enfermera o personal designado, le administre el medicamento recetada de acuerdo con las instrucciones del medico.

I give permission for the information about this condition/medication to be shared with school staff on a "need to know" basis.

Yo doy permiso para que la siguiente informacion sea compartida con el personal escolar que necesite estar informado ☐ Yes/si ☐ No

I give permission for my child to carry his/her medication. ☐ Yes/si ☐ No

My child is trained to self-administer his/her medication. ☐ Yes/si ☐ No

FOR ASTHMA, SEIZURES, ETC. (PARA ASMA, CONVULSIOMES, ETC.):

I give permission for the nurse to initiate an Emergency Care Plan/504 Plan. ☐ Yes/si ☐ No

Parent/Guardian Signature ___________________________ Date ___________________________

Home phone / Emergency phone

HEALTH CARE PROVIDER SECTION

Diagnosis for which medication is to be given during school hours: ___________________________

Name of medication (1 per form) ___________________________ Dosage ___________________________ Method of administration ___________________________ Time of day to be given ___________________________

If prn, specify dose interval: ___________ Other directions for use: ___________________________

Possible side effects: ___________________________ Emergency Action: ___________________________ or ☐ 911

Duration of Order (choose one)

☐ Medication is ordered for duration of current school year (which may include summer school)

☐ Medication to be given from _______/_____/______ to _______/_____/______.

May this student carry his/her emergency medication? ☐ yes ☐ no

Is this student trained to self-administer his/her own emergency medication? ☐ yes* ☐ no

*If yes, this student has received instruction in the correct and responsible way to use the medication.

HCP Signature ___________________________ Date ___________________________

HCP Printed Name ___________________________ Phone ___________________________

HCP, PLEASE NOTE:

Please write prescriptions so that pharmacy will dispense in separate, labeled containers for school and home use.