

## Solanco's Medication Procedure

The district shall inform all parents/guardians, students and staff about the policy and procedures governing the administration of medications. When any medication prescribed for a student is initially brought to school, it shall be the responsibility of the certified school nurse to complete the following:

### **RULES FOR TAKING MEDICINE IN SCHOOL**

1. Written permission from the physician and parent must accompany the medication to be taken.
2. Medication should be in the **prescription container** that includes the name and written orders from the physician.
3. All medication must be given to the office or nurse.
4. Only the medication needed for the period of time should be brought to school.
5. All controlled substances(such as Vicoden, Percocet, Ritalin, Adderall, Dexedrine, etc.) to be administered at school during school hours **will now require a hand written note personally signed by a licensed prescriber (no stamps or fax will be accepted) This note must state that the specified medication may be taken while attending school.** Controlled substances should be brought to the health room and picked up from the health room by a responsible adult.

\*\*\*Use this form ONLY if your child needs medicine during school\*\*\*

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# Solanco School District

## Medication Administration Consent & Licensed Prescriber Order

Student's name: \_\_\_\_\_ Date/Time: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, **each student** must provide the school nurse with a *Medication Administration Consent* form signed by the student's parent/guardian and a *Medication Order* from a licensed prescriber. All medications must be in an original prescription bottle/container from the pharmacy.

### Parent/Guardian Consent:

I give my permission for my child, \_\_\_\_\_, to receive the following

medication, \_\_\_\_\_, ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian name printed: \_\_\_\_\_ Phone: \_\_\_\_\_

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### Licensed Prescriber Medication Order:

Patient's name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Route and dosage: \_\_\_\_\_

Time of administration: \_\_\_\_\_

Directions: \_\_\_\_\_

Discontinuation date: \_\_\_\_\_

Allergies: \_\_\_\_\_

Licensed Prescriber signature: \_\_\_\_\_

Licensed Prescribers name printed: \_\_\_\_\_ Phone: \_\_\_\_\_