



ADMINISTERING MEDICINES TO STUDENTS

DATE: _____

RE: _____
(Student)

Dear Parent / Guardian,

It has come to my attention that you have requested a member of our staff to administer a form of medication to your child while here at school. The parent must request in writing, in advance, that your child be given medication at school as stated in the Lancaster's City School Board's policy JHCD, adopted March 11, 1999.

In your child's best interest, the school office, school nurse and classroom teacher must all be informed of your child's special condition. The needed information is outlined on the attached form.

Please complete, along with your physician, a copy of the attached form and return it to the school office whenever your child must have someone at school give him/her medication at school. Every item must be answered completely for the school to be authorized to administer the prescribed medication. Additional forms will be available from the principal's office whenever you need them.

If these arrangements are not made, then you will have to make other arrangements to have someone come to school to give your child the needed medication.

The prescribed medication(s) must be received at school in the container in which it was dispensed by the physician or licensed pharmacist showing the drug store's name, the child's name, the physician's name, the name of the drug, strength and directions for usage. If the physician gives samples of a medication, he/she must indicate directions on a prescription blank for school officials, including the child's name, name of the drug, the strength of the drug and the directions for usage.

The parent must agree to submit a revised statement signed by the physician if the previously provided information changes.

A student may possess and self-administer a metered dose inhaler or dry powder inhaler to alleviate asthmatic symptoms upon written approval of the student's physician. A student may also possess and self-administer an epinephrine autoinjector to treat anaphylaxis upon written approval of the student's physician. The physician's approval must include a number of specific items that must be provided by law as indicated on the attached form. If the student is a minor, the written approval of a parent is also required. The school principal and school nurse must receive such written approval prior to the student possessing the inhaler or epinephrine autoinjector.

Sincerely,

Principal

School Phone Number & Fax Number

ADMINISTERING MEDICINES TO STUDENTS

Authorization for Dispensing Medication

Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

To Be Completed By Parent or Guardian:

I request that my child, _____, grade _____ receive the medication as prescribed by our physician in the form below. The medication is to be furnished by me as required by Board policy. I understand that the District does not assume any responsibility for this matter. I further understand that the school nurse or other designated person will administer the medication. I agree to submit a revised statement signed by the physician if the previously provided information changes.

Signature (Parent or Guardian) _____

Phone Number (Home) _____ (Work) _____

Address _____

School _____ Homeroom Teacher _____

Date _____

To Be Completed By Physician:

I request that my patient receive the following medication:

Name of student _____ Diagnosis _____

Name of medication _____

Prescribed dosage and means of administration _____

Time to be taken during school hours _____

Date the administration of drug is to begin _____ Expected duration of treatment _____

Possible side effects and adverse reactions _____

Any special instructions for the administration of the drug, including sterile conditions and storage

Physician Signature _____ Phone Number _____ Date _____

**ADMINISTERING MEDICINES TO STUDENTS
AUTHORIZATION FOR STUDENT POSSESSION AND USE OF ASTHMA INHALER**

A completed form must be provided to the building principal and school nurse before the student may possess and self-administer an asthma inhaler in the school to alleviate asthmatic symptoms, or before exercise to prevent onset of asthmatic symptoms.

Student's Name:	Grade:
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This section must be completed and signed by the parent or guardian.

As the parent/guardian of this student, I authorize my child to possess and self-administer an asthma inhaler, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Emergency Telephone #: ()

This section must be completed and signed by the medication prescriber.

Name and dosage of medication:	
Date medication administration begins	Date medication administration ends (if known)

Procedure for school employees if the medication does not produce the expected relief

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the physician)
To a student for which it is not prescribed who receives a dose

Special instructions

Physician signature	Date
Physician name	Physician emergency telephone number

**ADMINISTERING MEDICINES TO STUDENTS
AUTHORIZATION FOR STUDENT POSSESSION AND USE OF EPINEPHRINE AUTOINJECTOR**

A completed form must be provided to the school principal and/or school nurse before the student may possess and self-administer an epinephrine autoinjector to treat anaphylaxis.

Student's Name:	Grade:
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This section must be completed and signed by the student's parent or guardian.

As the Parent/Guardian of this student, I authorize my child to possess and self-administer an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

Parent/Guardian Signature:	Date:
Parent/Guardian Name:	Parent/Guardian Emergency Telephone #: ()

This section must be completed and signed by the medication prescriber.

Name and dosage of medication	
Date medication administration begins	Date medication administration ends (if known)

Circumstances for use of the epinephrine autoinjector
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief _____ _____

Possible severe adverse reactions:

To the student for which it is prescribed (that should be reported to the prescriber)
To a student for which it is not prescribed who receives a dose
Special instructions

As the prescriber, I have determined that this student is capable of possessing and self-administering this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.

Physician signature	Date
Physician name	Physician emergency telephone number