

## Jackson County Central Schools

<b>Riverside</b>	<b>Pleasantview</b>	<b>Middle School</b>	<b>High School</b>
Phone (507)847-5963	Phone (507)662-6218	Phone (507)662-6625	Phone (507)847-5310
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Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ School Year: \_\_\_\_\_

1. **Reason** for medication/treatment: \_\_\_\_\_
2. Name of **Medication**: \_\_\_\_\_ **Dosage**: \_\_\_\_\_  
 tablet/capsule     liquid     inhaler     nebulizer     other \_\_\_\_\_
3. **Time** medication is to be given AT SCHOOL :  with lunch     other \_\_\_\_\_
4. **Start** Date: \_\_\_\_\_ **Stop** Date: \_\_\_\_\_     end of school year
5. **Restrictions** and/or **side effects**: \_\_\_\_\_     none anticipated
6. **For students with more than once daily dosing**: If the morning dose usually taken at home is missed, this dose may be administered at school by school personnel. PARENT/GUARDIAN is required to notify school of missed dose at home.

For Insulin, Epi-Pens, inhalers, and nebulizers: I have assessed this student and found him/her to be both capable and responsible for SELF-ADMINISTERING/SELF CARRYING this medication (school is not responsible for missed doses of medication):

Not applicable     No     Yes, with supervision     Yes, unsupervised –may carry on person at school

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Physician Name	Physician Signature	Phone Number	Date
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### Parental Request for Administration of Medication

I request this medication be given as prescribed and I give the nursing staff authority to communicate with the ordering physician about the medication. I understand that the medication **MUST** be provided in the current prescription bottle or the original manufacture's labeled bottle. Medication in bags, envelopes, or other bottles will not be administered. I understand that medication will not necessarily be administered by a nurse. Medication will be sent with a staff member to administer on field trips.

Will morning dose be given at home when school is two hours late?     NA     Yes     No

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Parent/Guardian Name	Signature	Daytime Phone Number	Date
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*To promote safety for your child, medication information may be shared with school personnel working with your child and with emergency personnel, if they are called.*

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### **ADMINISTERING MEDICATION IN SCHOOL**

It is not the responsibility of the school or its employees to prescribe medications or home remedies. Medications should be administered at home under the supervision of the parent/guardian when possible. However, some students require administration of medications to be performed during the regular school day. In those situations, the following procedure will be followed:

#### **Parent/Guardian Needs to Bring the Medication to School**

#### **Physician Order for Medication and Parent/Guardian Authorization**

Before any prescription medication will be dispensed by school staff, a Physician Order for Administration of Medication and a Parent/Guardian Authorization form signed by the parent/guardian of the student must be on file with the health office. The forms are available from the nursing staff and on the school website.

#### **Prescription Medications**

Prescription medications must be provided in an original pharmacy container with a current label. Prescription medications brought to school in any other container will not be administered. Questions regarding dosage and administration of the medications will be directed to the prescribing physician or the parent/guardian, at the discretion of the school staff. Medications will be administered after questions have been resolved.

#### **Over-the-Counter Medications**

Parent/guardians must complete and sign an Authorization of Administration of Medication form before school staff will administer over-the-counter medications. Over-the-counter medications must be provided in the original labeled container. Over-the-counter medications will only be administered to a student according to the label directions, unless contrary written directions from a physician are provided. Middle and High School students are allowed to carry and self-administer over-the-counter medications when a Parent/Guardian Authorization form is on file and the student agrees to and signs the student agreement.

#### **Physician Authorization for Self-Administration of Medications**

For prescription medications that are carried by the student for self-administration, a Physician Order for Administration of Medication must be on file and the physician must indicate the student is able to carry and self-administer medication. All prescription medications that are self-carried and self-administered must be approved by the school nurse.

#### **Sharing of Medications Prohibited**

Students may not share prescription or over-the-counter medications with other students. Appropriate disciplinary action may be taken if necessary, upon the determination by the principal or his/her designee, after investigation that a violation of this policy has taken place.

#### **Unused Medications**

When use of a medication has ceased, or is no longer needed by the student, it is the parent/guardian's responsibility to retrieve unused medications from the school. Any unused medications will be disposed of by the school at the end of the school year.