

WILSON CENTRAL SCHOOL DISTRICT
Wilson, New York
Wilson Elementary School

PARENT AND PRESCRIBER'S AUTHORIZATION FOR
ADMINISTRATION OF MEDICATION IN SCHOOL

Authorization for Administration of Medication

A. To be completed by the parent or guardian:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care prescriber. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication:

Signature (Parent or Guardian): _____

Address: _____

Telephone: Home _____ Work _____ Cell _____ Date: _____

B. To be completed by the licensed health care prescriber:

I request that my patient, as listed below, receive the following medication:

Name of student: _____ Date of Birth: _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage, Frequency and Route of administration: _____

Time to be Taken During School Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendation: _____

Name of Licensed Prescriber and Title (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

WILSON CENTRAL SCHOOL DISTRICT

WILSON, NEW YORK

MEDICATION PROCEDURE

Dispensing of Medication in the Schools

No medication, including aspirin, shall be administered to children under any circumstances by school personnel without specific written direction by a physician.

If, under exceptional circumstances, a child is required to take medication during school hours, and the parent cannot be at school to administer the medication, only the school nurse or their principal's designee will administer the medication in compliance with the regulations that follow for all prescription and non-prescription drugs.

1. The parent or guardian shall deliver the medication to the principal or school nurse. Medication shall not be sent to school via the child.
2. Written instructions signed by parent and physician will be required and shall include:
 - a. Child's name
 - b. Name of medication
 - c. Purpose of medication for PRN (as necessary) medications-Conditions under which medication should be administered
 - d. Time to be administered and frequency
 - e. Dosage and route
 - f. Possible side effects
 - g. Date of initiation and termination
 - h. Self-administered orders if indicated
3. Parents should request from the pharmacist two (2) labeled containers; one for school and one to remain at home.
4. The pharmacy label does not constitute a written order and cannot be used in lieu of a written order from a doctor and/or other licensed prescriber.
5. Medication orders must be renewed annually (September of each school year) or when there is a change in medication or dosage.
6. Over the counter medication and samples must be in the original unopened manufacturer's container/package with the student's name affixed to the container. The same procedure and steps must be followed and listed under "Dispensing of Medication in the Schools" see #2 (a-g).

7. When the student does not report as scheduled, it is recommended that the parent/guardian be notified and advised that their child is not fully participating in the established procedure.
8. Carried and self-administered medication will follow the same medication procedure as prescribed and over-the-counter drugs. These also require a specific signed release.

ADMINISTRATION OF MEDICATIONS FOR FIELD TRIPS AND AFTER SCHOOL ACTIVITIES

Oral medication should be maintained in an original pharmacy or manufacturer labeled container when taken on field trips or after school activities. Parents should be advised to ask the pharmacist for an additional container to be used. For field trips, teachers or other school staff should carry the **self-directed** student's medication so that the student can take his/her own medication at the appropriate time. Consistent with good practice, the employee's willingness to perform the task should be considered. Students who carry and administer their own medications for after school activities must adhere to school district policy related to self-administration of medications.

For students who are not self-directed:

1. The parent or guardian may attend the activity and administer the medication; or
2. The parent can personally request another adult who is not employed by the school to voluntarily administer the medication on the field trip and inform the school district in writing of such request; or
3. The student's health care provider can be consulted and may order the medication time to be adjusted or the dose eliminated.

If no other alternative can be found, the medication must be administered by a licensed professional (e.g. school nurse, LPN, substitute school nurse, physician) employed by the district. A child may not be prevented from participating in an educational activity, such as a field trip, solely on the basis of a special health need.

Procedures for taking medications off school grounds or after school hours while participating in a school-sponsored activity will be in accordance with State Education Department Guidelines.