Southern Cayuga Central School

Medication Policy

A. Written order from a licensed prescriber.

All **medications**, including **nonprescription drugs,** given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.

1. Written order must contain the following:

   Student's name and 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
   For prn (as necessary) medications - list the conditions for which it is to be given

   Signed by the licensed prescriber

2. **Medications orders must be renewed annually or when there is a change in medication or dosage.**

3. Pharmacy label **does not constitute a written order.**

B. A written statement from the parent or guardian requesting administration of the medication in school is required. On the school medication form the parent request is at the top.

C. The parent or guardian must assume responsibility to have the medication delivered to the nurse's office. **The medication must be in a pharmacy labeled bottle with only the amount needed to be given in school.**

1. Over the counter medications must be in the original manufacturer's container, with the students name on it.

D. No medications will be transported daily back and forth. Please send the amount needed to be given. Ask your pharmacist for two containers - one for home and one for school.

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

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, or other designated person in the case of the absence of the school nurse will administer the medication.

SIGNATURE (PARENT OR GUARDIAN)_____

ADDRESS_____

TELEPHONE : HOME_____WORK_____ 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 DOSAGES, FREQUENCY AND ROUTE OF ADMINISTRATION_____

_____

TIME TO BE TAKEN DURING SCHOOL HOURS_____

DURATION OF TREATMENT_____

POSSIBLE SIDE EFFECTS AND ADVERSE REACTIONS(if any)_____

_____

OTHER RECOMMENDATIONS_____

NAME OF LICENSED PRESCRIBER, TITLE AND ADDRESS:

NAME/TITLE (printed)_____

ADDRESS_____

SIGNATURE_____

PHONE_____ DATE_____

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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, or other designated person in the case of the absence of the school nurse will administer the medication.
SIGNATURE (PARENT OR GUARDIAN)_____

ADDRESS_____

TELEPHONE : HOME_____WORK_____ 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 DOSAGES, FREQUENCY AND ROUTE OF ADMINISTRATION_____

_____

TIME TO BE TAKEN DURING SCHOOL HOURS_____

DURATION OF TREATMENT_____

POSSIBLE SIDE EFFECTS AND ADVERSE REACTIONS(if any)_____

_____

OTHER RECOMMENDATIONS_____

NAME OF LICENSED PRESCRIBER, TITLE _____

ADDRESS_____

SIGNATURE_____

PHONE_____ DATE_____

C. Self - Medication release for students
Child's Name _____ has been instructed in the proper use of the following:
Medication procedures:_____

_____

Physician signature _____ Parent's signature _____
We request that _____ be permitted to carry the medication on his/her person or to keep in his/her locker or PE locker, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.