

ADMINISTERING MEDICINES TO STUDENTS

Edgewood City Schools strongly discourages the administration of medications during school hours. Parents are urged to discuss with their child's physician alternatives which avoid the administration of medication during school hours. If the administration of medication during school is determined to be a necessity, the following guidelines apply.

1. The Board is responsible for identifying school employees designated to administer medications in the schools. The individuals designated include the District nurse, the school administrator(s) and may include the school secretary, the school instructional aides and/or school teacher(s).
2. Individuals designated to administer medications in school must successfully complete an education program provided by the District nurse to prepare the designated employee for the task of administering medication. The building administrator with the assistance of the District nurse is responsible for determining the work assignments of designated employees administering medications.
3. The District nurse is responsible for the medication education program. The supervision and evaluation of the administration of medicine by designated employees is also the responsibility of the District nurse.
4. Before any medication (prescription as well as nonprescription) can be administered in school, the school medication permit must be completed by the child's physician and parent. A copy of this form is made available to the designated employee administering medications. A new form must be submitted with a change of physician prescription. A new form must be submitted each new school year. Only one medication may be addressed on a school medication permit.
5. All medications (prescription as well as nonprescriptions) must be received in the school office directly from a parent/adult guardian. Medications must be received in the original container, properly labeled and including the child's name. Prescription drugs must be received in the container dispensed by the pharmacist and the most current prescription. Controlled substances, such as Ritalin or narcotics, must undergo a "pill count." The delivering parent/adult guardian must remain to complete the "pill count" with the receiving designated employee.
6. Medications are kept in a locked cabinet. Medications requiring refrigeration are kept in a refrigerator not accessible by students.
7. All medications are administered by, or in the event of physician instructions for a student to self-administer, under the direct supervision of a designated employee. Self-administered medications are stored with the other medications.
8. Documentation of medications administered is maintained. The designated individual administering medications to student will initial and sign the Medication Administration Record in his/her own handwriting. Students who self administer medication are required to co-initial and co-sign the Medication Administration Record.

(Approval date: October 27, 1997)

Edgewood City School District, Trenton, Ohio

SCHOOL MEDICATION PERMIT

(In Accordance with Ohio Revised Code 3313.713)

The use of medication during school hours is discouraged.

Use this form if it is essential a student receive medication during the school day.

This section to be completed by the parent or guardian.

NAME OF STUDENT: _____ BIRTHDATE: _____

STUDENT ADDRESS: _____

SCHOOL DISTRICT: _____ SCHOOL: _____

GRADE: _____ HOMEROOM: _____

I Request school personnel administer the medication as instructed and agree to:

- (1) Deliver the medication to the school in the original container and agree to:
- (2) Notify the school if I change physicians or if the medication is changed or eliminated.
- (3) Allow the District Nurse to release medical information regarding my child to district employees, restricted to those with a need to know.

I understand it is the student's responsibility to report on time for this medication. I agree to hold school employees and the Board of Education free from all responsibility for results of such medication.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TELEPHONE DURING SCHOOL HOURS _____ OTHER TELEPHONE: _____

This section to be completed by physician.

MEDICATION: _____ DATE OF AUTHORIZATION: _____

DOSAGE: _____

TIME(S) TO BE GIVEN: _____

DATE TO BEGIN: _____ DATE TO END: _____

ADVERSE REACTIONS TO BE REPORTED: _____

PHYSICIAN EMERGENCY TELEPHONE: _____ ALTERNATE TELEPHONE _____

SPECIAL INSTRUCTIONS:

ADMINISTRATION: _____

STORAGE: _____

OTHER: _____

PRESCRIBING PHYSICIAN (Print): _____

SIGNATURE: _____

PHYSICIAN'S ADDRESS: _____

Pill Count _____ Date _____ Staff Signature _____
Parent Signature _____

Pill Count _____ Date _____ Staff Signature _____
Parent Signature _____

Pill Count _____ Date _____ Staff Signature _____
Parent Signature _____

Pill Count _____ Date _____ Staff Signature _____
Parent Signature _____