

Bridgeport Exempted Village School District

The form appearing on the reverse side, must be signed by **BOTH** the doctor and the parent, **REGARDLESS** of the medicine type. This includes prescription as well as non-prescriptions; **OR** the length of time the medicine is to be taken by the child at school.

Guidelines for Administration of Medications by School Personnel

Administering medication is not a function of an educational organization, and parents should not be encouraged to believe that if a child needs any medication, school personnel will be responsible. A conference should be held with the parent to explore ways of meeting the pupil's needs without administering medicine at school. However, regular classroom attendance may be impossible for some handicapped or chronically ill pupils without prescribed medication available during school hours. Prescribing medication is a function of the physician. Any student who is required to take medication during the regular hours of a school day must comply with school regulations concerning medication or it could lead to a tragedy.

School regulations should include the following:

1. All school personnel must be informed that the administration of any drug (prescription or over-the-counter) without the order of the physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.
2. Students are not permitted to have any medication in their possession at school without parental permission (written) and school knowledge.
3. The principal in each building shall appoint a responsible person or persons to supervise the storing and dispensing of the medication. A responsible student can manage his own medication after a conference regarding school policy.
4. In all instances, the school nurse is responsible for the monitoring of medications administered by school personnel. The school nurse is responsible for providing education including specific instructions pertinent to the medication.
5. All medication should be kept in a controlled place, not easily accessible.
6. The parents of the child must resume responsibility for informing the school of any change in the child's health or change in medication.
7. The school district retains the discretion to reject requests for administration of medicine.
8. Written request must be obtained from the physician and the parent/guardian before any medication may be administered by school personnel. The request must include: instructions as to name of medication, dosage, time and duration of medication, and possible side effects. This form must be filed in student's health record.
9. Medication containers must have an affixed label (prescription) including the student's name, name of medication, dosage, route of administration, and time of administration.
10. New request forms must be submitted each school year and as necessary for changes in medication.

**PHYSICIANS REQUEST FOR THE ADMINISTRATION OF
MEDICATION BY SCHOOL PERSONNEL**

ONE FORM FOR EACH MEDICATION IS REQUIRED

_____ is under my care and should receive
Print Name

Name of medication _____

Dose _____ Time _____

Route _____ Specific instructions _____
(list symptoms if prn, or specify if self-carry of inhaler or epi-pen only)

Possible side effects _____

Begin date: _____ Expiration date: _____

Physician's signature _____
No Stamp

Physician's Address _____

_____ Phone _____

→ Please note: Any deviation from this requires a new order. ←

**PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL**

I hereby request and give permission to the principal or a delegate (school nurse or other responsible person) to administer the following medication to my child:

Name of Child _____

Name of Medication _____ Dose _____ Route _____

At the following time _____ Date _____

Parent/Guardian Signature _____

ENTIRE FORM MUST BE COMPLETED FOR ANY MEDICATION TO BE ADMINISTERED IN SCHOOL