

Benton Community Medication Policies/Procedures

- A. Medications required during school which cannot be managed otherwise shall be administered when the following are on file at school:
 - 1. A physician's signed, dated authorization including name of the student, name of the medication, dosage, administration route, time to be given at school, and reason receiving.
 - 2. A parent's signed and dated authorization/permission to administer the medication during school.
 - 3. The medication shall be in the original packaging as dispensed by the prescriber or pharmacist and shall identify:
 - a. Name of pupil
 - b. Name of medication
 - c. Strength and dosage prescribed
 - d. Name of physician
 - e. Name and address of pharmacy

- B. If a student must take prescription medication during school, procedures 1, 2, & 3 above are to be followed before administration. If a student must take a non-prescription medication during school, procedures 2 and 3 above are to be followed before administration.

- C. Medication authorizations must be up immediately as changes occur. These authorization forms are available at school. A separate form will be needed for each medication your child is receiving.

- D. A record of each dose of medication administered shall be documented in the pupils health record. Included are: medication, date, time, dosage, route, person administering the medication, and any unusual observations.

- E. Medication shall be stored in a locked/secure area in the office. Prescription and non-prescription medications may not be kept in lockers or classrooms without permission from the school nurse.

- F. Medication shall be delivered to school personnel and picked up by the parent. If not claimed by the parent by the end of the school year, it shall be destroyed. Procedures for destroying medication shall include witness and documentation.

- G. School personnel who are not otherwise authorized to administer medications shall successfully complete a medication administration course approved by the Department of Education. Annual review sessions are recommended.

- H. The school nurse will inform school personnel administering medication of the benefits and side effects of the medication. The school district is advised to ensure

liability insurance coverage for school for school personnel administering medication.

- I. School observations for long-term medication therapy to the physician and parents are recommended at a minimum each school year.
- J. Emergency procedures are recommended for medication reactions and required emergency injections.

**PARENTAL AUTHORIZATION AND RELEASE FORM THE
ADMINISTRATION OF PRESCRIPTION MEDICATION TO STUDENTS**

_____/_____/_____
Student's Name (Last), (First), (Middle) Birthday School Date

School medication and health services are administered following these guidelines:

- Parent has provided a signed, dated authorization to administer medication and/or provide the health service.
- The medication is in the original, labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student's name, name of the medication, directions for use, and date.
- Authorization is renewed annually and immediately when the parent notifies the school that changes are necessary.

Medication/Health Care Dosage Route Time at School

Administration instructions

Special Directives Signs to Observe and Side Effects

_____/_____/_____
Discontinue/Re-Evaluate/Follow-up Date

Prescriber's Signature _____
Date

Prescriber's Address _____
Emergency Phone

I request the above named student carry medication at school and school activities, according to the prescription, instructions, and a written record kept. Special considerations are noted above. The information is confidential except as provided to the Family Education Rights and Privacy Act (FERPA). I agree to coordinate and work with school personnel and prescriber when questions arise. I agree to provide safe; delivery of medication and equipment to and from school and to pick up remaining medication and equipment.

Parental Authorization and Release Form for the
Administration of Prescription Medication to Students

Parent's Signature

____/____/____
Date

Parent's Address

Home Phone

Work Phone

Additional Information:

