

CAMPBELL COUNTY SCHOOLS HEALTH SERVICES

Consent for Administration of Medication at School

Student Name: _____ Grade: _____ Teacher: _____

School: _____

Name of Medication: _____

Dosage: _____ Time(s) of administration: _____

As Needed (PRN): Indicators for use: _____

Route of Administration: _____

Diagnosis or Reason for Medication to be Administered: _____

Possible Side-Effects: _____

Student Allergies: _____

Physician Authorization

Physician Name: _____	Phone: _____
Physician Signature: _____	Date: _____

Parent Guardian Authorization

I authorize an employee of the school to administer the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage/times of medication is changed. I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify the medication order. I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration, and expiration date of medication.

I waive any liability on behalf of the school as a result of administration of the above medication.

Parent/Guardian Signature: _____ Date: _____

Parent/ Guardian Phone: _____

Contact #2 Name: _____ Phone: _____

Campbell County Schools Health Services

Administration of Medication at School

Campbell County Schools recognizes that some students are able to attend school because of the effectiveness of medications in the treatment of chronic disabilities and illnesses. This procedure has been adopted to help insure the safe administration of medications in the school setting.

- A. No medication, prescription or over-the-counter, may be administered to students by an employee of the Campbell County Board of Education unless the **Consent Form for Administering Medications at School** form is completed and signed by both the physician as well as parent/guardian. No hand-written notes by parent/guardian will be accepted.
- B. Only doses of medication that **cannot** be administered at home will be given at school. Medication will not be administered at school due to convenience.
- C. Any student who is required to take medication during regular school hours shall comply with the following:
 1. No medication will be supplied by the school
 2. Prescription medications shall be brought to school in the original container with the prescription label intact reflecting the following information:
 - a. Name of student
 - b. Name of medication
 - c. Dosage of medication
 - d. Time medication is to be administered
 3. Non-prescription (over-the-counter) medication must be brought to school in an unopened, original container and will only be administered with both physician and parent signatures on the Medication Consent form.
 4. Self-managed/self-carry administration of emergency medication (diabetic medication, inhalers, Epi-Pens) will be permitted with a completed **Authorization to Carry/Self-Administer Medication** form with both physician and parent signatures.
 5. **NO** medication other than authorized self-carry meds may be transported on the bus.
 6. Medication should be provided in the form that it is to be administered. School staff cannot alter the integrity of or alternatively administer the medication without a physician order.
 7. School staff will **NOT** administer the first dose of any newly prescribed medication.
 8. All medication will be kept in the school office in a specified safe place. Students are not permitted to have **any type** of medication in their possession.
 9. All prescription medication amounts will be verified/counted by the school nurse/staff and parent/guardian upon initial arrival to office with parent co-signing amount recorded.
 10. Every dose of medication administered by school personnel shall be recorded on a prescribed form/electronically.
 11. Medications that contain narcotics or sedation for pain will **NOT** be administered at school to insure student safety.

*****School personnel responsible for administration of medications will refuse to administer medication if the above procedures/guidelines are not followed. In such situations, the parent/guardian will be notified***