



MINERSVILLE AREA SCHOOL DISTRICT
SCHOOL HEALTH SERVICES

MEDICATION GUIDELINES

If prescription medication is requested to be given during the school day, the school requires:

1. Written/signed doctor's order with current dates and/or Medication Authorization Form (please see next page). Written order must include the student's name, name of medication, dosage, time to be given, prescriber's signature, and parent's signature.
2. Parent/Guardian to contact the School Nurse and sign consent for medication administration along with updated contact information.
3. Medication must be delivered to the school nurse by a parent/guardian (or designee) in the original pharmacy container with the pharmacy label indicating student's name, name of medication, dose, time to be given, prescriber's name/credentials, and any other pertinent information relevant to that medication. The pharmacy label must match the order as written. No more than a 30-day medication supply to be stored at the school.
4. Students are not permitted to transport medications to and from school. They may return an empty bottle home, but a parent/guardian must transport any and all medications.

If non-prescription medication is requested to be given during the school day, the school requires:

1. Written/signed doctor's order with current dates and/or Medication Authorization Form (please see next page). Written order must include the student's name, name of medication, dosage, time to be given, prescriber's signature, and parent's signature. Parent/Guardian to contact the School Nurse and sign consent for medication administration along with updated contact information.
2. Medication must be delivered to the school nurse by a parent/guardian (or designee) in the original, unopened packaging, labeled with student's name.
3. Students are not permitted to transport medications to and from school. They may return an empty bottle home, but a parent/guardian must transport any and all medications.

Medication exceptions: When deemed necessary, and ordered by a physician, students may carry life-saving medications on their person (ex. Epinephrine injection, Inhaler). However, medication forms as stated above must be submitted.

No medication is allowed in school without a written doctor's order. Parents/Guardians cannot alter medication orders or practices. Changes must be written by prescriber.

ALL MEDICATIONS ARE KEPT IN THE NURSE'S OFFICE. Unsupervised, self-administration of medication is not permitted unless cleared through the nurse's office. In some situations, involving allergy medications or inhalers, it may be necessary for the student to carry the medication/inhaler. As stated, the school requires written verification from the parent and prescriber stating that the student is capable of self-administering the medication. The student and parent/guardian will also be required to sign a self-carry contract.

Standing Order Medications in School: Prior to administering any medications (non-aspirin analgesic, antacids, antibiotic ointment, etc.), parent/guardian must consent to the administration on the Health Information form with their signature.



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SCHOOL HEALTH SERVICES

Medication Administration Consent & Licensed Prescriber Order

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student's parent/guardian and a Medication Order from a licensed prescriber.

All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent: I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber, during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions. Any changes must be authorized in writing by the prescriber.

No medication is allowed in school without a written doctor's order. Parents/Guardians cannot alter medication orders or practices. Changes must be written by prescriber.

Parent/Guardian signature: _____ **Date:** _____

Parent/Guardian name printed: _____ **Phone:** _____

Licensed Prescriber Medication Order:

Patient's name: _____

Date: _____

Name of medication: _____

Route and dosage: _____

Time of administration: _____

Directions: _____

Discontinuation date: _____

Allergies: _____

Licensed Prescriber signature: _____

Licensed Prescriber name printed: _____

Phone: _____