

## U.S.D. # 362 GUIDELINES FOR DISPENSING MEDICATIONS

The schools will cooperate with parents in circumstances when a student must take medication during the school day and when properly authorized to do so. Written request from a physician or dentist must accompany all medication, including all over-the-counter medicine, herbs, and alternative products administered by school personnel. The following guidelines must be followed for the safety of all children:

- A permission document must be on file at school (see form below). A permission form must be completed every year.
- Medication must be sent in a container on which the child's name, dosage, and type of medication are clearly noted. Two containers may be requested from the pharmacist—one for school and one for home.
- Send only the amount of medicine needed at school. Medication should not be sent back and forth from school to home.
- School personnel will not give the first dose of medication.
- Students at the Middle School & High School level may carry non-prescription medication subject to inspection by the principal or his representative. This medicine is to be used responsibly per label instructions. Sharing medication with other students is not allowed. Abuse or distribution of such will result in disciplinary action.

Note: Parents should avoid scheduling dispensing of medication at school unless necessary. Example: Medication to be given three times per day may be given at home, before school, after school, and at bedtime.

Request for Medication to be Administered During School Attendance	
Name of Student _____	Grade _____
School _____	Teacher _____
Medication _____	Dosage _____
Date Medication Started _____	Reason for RX _____
Time of day medication is to be given at school _____	
Anticipated number of days to be given at school _____	
Date _____	Physician or Licensed Practitioner Signature* _____
*Controlled drugs require a physician's signature	
I hereby give my permission for _____ (student name) to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I also hereby give my permission for information regarding this treatment to be exchanged between the above doctor and the school nurse.	
Date _____	Parent Signature _____