



## Information for Parents/Guardians of students who require assistance with medication during school hours

### Giving Medication to Students

The ONLY medication considered necessary to be given at school are those prescribed by a health care provider to be taken on a schedule that cannot be adjusted to outside school hours. The following conditions must be met before the school accepts responsibility for giving medication:

- Only medication that is prescribed by a health care professional can be accepted. If a pharmacy label is not present, the medication should have a written physician or nurse practitioner authorization confirming the need for medication during school hours.
- The first dosage of any medication must first be given at home so that the parent/guardian can monitor for signs of reaction.
- Parents/guardians must provide a written request that the school give the necessary medication. The necessary form is on the back of this page.
- Medication must be sent in the proper dosage. If pills are to be taken in a dosage of less than one pill, they must first be cut to the appropriate size. Liquid medication must have a measuring device that allows the exact dosage to be measured.

### Medication Safety

All routine medication will be kept in a safe, locked cupboard or refrigerated location and be administered by the principal and/or designate based on the prescription label or written health care provider documentation.

Rescue medications: auto-injectors, inhalers and/or seizure rescue meds, are kept in an adult-accessible, unlocked location to enable rapid access in the event of an emergency.



For additional information, please contact the your child's principal.



## Authorization for the Administration of Prescribed Medication

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last Name/First Name/ Second Name) (Day/Month/Year)  
School \_\_\_\_\_ Parent/Guardian \_\_\_\_\_

I/we \_\_\_\_\_, the parent(s)/guardian(s) of \_\_\_\_\_,  
request assistance with the administration of the following medication:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Give medicine: by mouth  under the tongue  into the right ear  into the left ear   
into both ears  into the right eye  into the left eye  into both eyes

Apply to skin (specify area) \_\_\_\_\_

during school hours for my child for the following time period; from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Physician's name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact—Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

The first dose has been administered and well tolerated at home:  YES  
 NO (if no, the school cannot accept,  
first dosage must be given at home)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**For Office Use Only - Refer to the Administrative Rule;**  
**JHC-R(1) - Administering Medication to students**

This personal health information is being collected under the authority of the *The Public Schools Act* for purposes related to the provision of educational programs and/or services supporting the student's educational progress and to ensure the health and safety of the student. It is protected by the privacy provisions of the *Freedom of Information and Protection of Privacy Act* and the *Personal Health Information Act*. If you have any questions about the collection, please contact your school principal or the nurse educator at 788-0203, ext. 135.