

ADMINISTRATION OF MEDICATIONS IN SCHOOL

The school nurse is available to assist you with the health care concerns of your child/children in the school environment. It is most important that the parent/guardian participate in the development of the health care plan when the child requires the administration of medication during school hours or school sponsored activities. It is encouraged that all medication be administered at home, but in the unusual circumstance that it is necessary for a child to receive his/her medication during school the following procedure must be followed:

1. The medication **must be in the original container and properly labeled**. The Medication should be delivered to the health office by the parent/guardian. A child should not be sent to school with any medication as the temptation to “share” with other children is a potential danger.
2. Written orders from the physician for prescription and non-prescription Medications should be submitted to the Health Office. These orders should include:
 - a. Student’s name and date of birth
 - b. Name of medication
 - c. Dosage and route of administration
 - d. Frequency and time of administration
 - e. For prn (as necessary) medications, conditions under which medication should be administered.
 - f. Date written
 - g. Prescriber’s name, title and signature
 - h. Prescriber’s phone number
3. Written permission from the parent
4. If the above procedures are not acceptable or not complete, the child’s parent/guardian *may come to school and administer the medication at the appointed time.*

The school nurse, with support from administration, is responsible for establishing a safe medication delivery system in the school environment. In the event that the nurse is not available, the principal’s trained designee may assist a self-directed student with the taking of their own oral, topical and inhalant medication. The designee will be trained by the nursing personnel.

Under certain circumstances, a student may self carry **emergency** medication if a physician determines necessity. Please contact your school nurse for further information regarding this option.

Riverhead Central School District
REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

A. TO BE COMPLETED BY THE PARENT/GUARDIAN:

I request that my child _____ grade _____ receive the medication as prescribed below by our licensed health care provider. The medication is to be furnished by me in the **properly labeled original container from the pharmacy. I understand that the school nurse or other designated person in the absence of the school nurse will administer the medication.**

Signature (Parent/Guardian) _____

Address: _____

Telephone #: Home _____ Work _____
Cell _____

B. TO BE COMPLETED BY THE LICENSED PRESCRIBER:

I request that my patient, as listed below, receive the following medication:

Student: _____ Date of Birth: _____

Diagnosis: _____

Medication: _____

Dosage/Frequency/Route: _____

Time to be taken during school hours: _____

Duration of treatment: _____

Side effects/Adverse reactions/Recommendations: _____

Name of Licensed Health Care Provider/Title (please print): _____

Prescriber's Signature: _____ Date: _____

Address: _____ Phone: _____

