

ADMINISTRATION OF MEDICATION TO STUDENTS DURING SCHOOL HOURS

All medication should be given at home when possible. In the event that it is necessary for a student to receive medication during the school day, the following requirements must be met prior to the administration of medication:

- ✓ **PRESCRIPTION MEDICATION:** An Administration of Medication Request form must be completed and signed by both the physician and parent/guardian.
- ✓ **OVER-THE-COUNTER MEDICATION (Nonprescription):** An Administration of Medication Request form must be completed and signed by both the physician and parent/guardian.
- ✓ The first dose of any new medication will not be administered at school in case of an allergic reaction.
- ✓ It is the student's responsibility (age appropriate) to report to the clinic at the designated time to receive the medication ordered.
- ✓ All medication **MUST** be brought to school by the parent/guardian. Students are not permitted to carry or transport medication unless previously authorized by the school, physician, and parent/guardian and is an Emergency medication (i.e., Inhaler, Epi).
- ✓ All Prescription medication must be labeled appropriately by the pharmacist or physician and in its original container. The label must state the student's name, dosage, and time(s) to be taken and must match the Administration of Medication Request form.
- ✓ All Nonprescription medication must also be in its original container and labeled with a permanent marker indicating the child's name. Medication not in its original container will not be administered to the student.
- ✓ The principal or appointed representative will supervise the administration of the medication in the absence of the school nurse.
- ✓ Any change to the medication must be submitted on a new Administration of Medication Request form. If a prescriptive medication is to be discontinued, a written note must be provided by the practitioner.
- ✓ New Request forms must be submitted for each new school year and for each medication.

Parent(s)/Guardian(s) MUST pick up any unused medication. Medication will not be sent home with the child unless previously authorized and is an emergency medication. All medications not retrieved will be disposed of according to Ohio Revised Code.

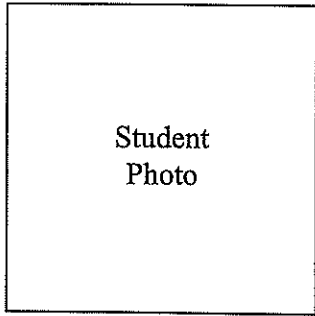


Rocky River City School District

PRESCRIBER AND PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL

(Medication Administration Record – MAR)

***** One Medication per Form *****



Student
Photo

School _____

Student _____ Grade/Rm _____

Address _____

City/State/Zip _____

Name of Medication and Dosage _____

Times of Day to be Administered _____

Number of Times/Intervals Medication is to be Administered _____

Date to Begin Medication _____ Date to End Medication _____

Adverse/Severe Reaction that Should be Reported to Physician _____

Special Instructions for Administration of Medication _____

This medication can be safely administered by non-medical personnel Yes No

It is impossible to arrange for this medication to be taken at home and, therefore, it must be administered during school hours Yes No

This student is under my care. It is not possible to arrange for this medication to be taken at home under the supervision of a parent and therefore it must be taken during school hours.

Prescriber's Printed Name _____
Tel

Prescriber's Signature _____
Date

Please regard my signature below as my assurance that I release _____ School, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

Parent's Printed Name _____
Tel

Parent's Signature _____
Date