

TIMBERLANE REGIONAL SCHOOL DISTRICT, SAU #106
30 GREENOUGH ROAD, PLAISTOW, NH 03865
(603) 382-6119

REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS

The Timberlane School District requires that if medication/treatments are to be taken by a student while he/she is in school, the school **MUST** have the following information completed and on file in the health office:

1. A signed order from the physician.
2. A signed consent from the parent or guardian.
3. The medication in the **original container**
4. No more than a 30-day supply of medication.

THIS APPLIES TO ANY MEDICATION, PRESCRIPTION OR OVER THE COUNTER.

The medication must be kept in the school health office.

To be completed by the physician:

Student's Name: _____ DOB _____ Grade _____

Medication/Treatment: _____

Dosage and Time Schedule: _____

Diagnosis: _____

Length of Time Medication/Treatment Required: _____

Precautions, Special Instructions, Possible Side Effects, Comments: _____

Allergies _____

Name of Physician (printed): _____

Signature of Physician: _____

Address: _____

Telephone: _____ Date: _____

If the student listed above is authorized to self carry, self administer, and is educated in the use of his/her inhaler and/or epi-pen. Please initial here _____

To be completed by parent or guardian:

I request that school personnel give the above medication/treatment ordered by the physician as stated, according to the directions given. I authorize a representative of the school to share information regarding this medication/treatment with the above health care provider if necessary. I understand and agree to comply with the school's policies and procedures as stated on the back of this form.

Printed Name of Parent/Guardian

Signature of Parent/Guardian Date

REGULATIONS ON THE ADMINISTRATION OF MEDICATIONS/TREATMENT DURING SCHOOL HOURS

A. General Policy

Prescription medication should not be taken during school hours, if at all possible. Medication is to be administered by the school nurse, principal, or other designee. Medication will be administered in school only after the following information has been received and filed in the student's health record. This includes self-carrying medications such as epinephrine auto injectors and inhalers. (School Board Policy JLCD)

1. A written statement from the licensed prescriber detailing the route of taking the medication, dosage, and time schedule of the medication.
2. A written authorization from the parent/guardian indicating that the school nurse/designee administer the prescribed medication to the student.

B. Responsibility of the Parent or Guardian

1. Parents and guardians shall be encouraged to cooperate with the licensed prescriber and the school nurse to develop a schedule so that the necessity for taking medications/treatments at school will be minimized or eliminated.
2. Parents or guardians will assume full responsibility for the supplying of all medication. All medications must be in its original container. No more than a 30 day supply will be kept and maintained by the school.
3. Parents or guardians must deliver any medications/treatments to be administered under this policy. All controlled medications (such as Ritalin or Dexedrine) will be counted and documented at the time of delivery by school personnel. Non-prescription medications shall be given only with the written request of licensed prescriber and permission of parent/guardian.
4. Discontinued or unused medication must be picked up by the parent/guardian. If not claimed within ten days after its use is discontinued, the school nurse may dispose of the unused medication, and record as such in the student's health record file.

C. Responsibility of the Licensed Prescriber

1. A request form for each prescribed medication/treatment must be completed by the pupil's licensed prescriber; signed by the parent or guardian, and filed with the school nurse in the school's health office.
2. The written statement from the licensed prescriber must detail the following information:
 - a. Pupil's full name
 - b. Licensed prescriber's name
 - c. Licensed prescriber's phone number
 - d. Name of medication
 - e. Dosage, schedule (frequency and time), and route
 - f. Dated order
3. Indicate to the pharmacy if another bottle needs to be prepared for the school.

D. Responsibility of School Personnel

1. The school nurse or principal's designee will assume responsibility of placing medication in a locked cabinet and making such medications available to the student as needed. Controlled medications will be counted and documented at the time of acceptance.
2. The school nurse or principal's designee will administer all medication/treatments as ordered by the licensed prescriber and will document date/time.
3. All prescribed injectable medication shall be administered by a registered nurse or others who are qualified under Chapter 326-B, Nurse Practice Act. Asthma inhalants and epinephrine auto injectors may be carried and self-administered by a student with the proper documentation.
4. The nurse may inquire about any other medical conditions requiring medications and any special side effects, contraindications and adverse reactions to be observed.
5. The school nurse shall develop a system of documenting and communicating significant observations relating to prescriptions, medication's adverse reactions, and other harmful effects, to the pupil's parent or guardian and/or licensed prescriber.