

SPRINGFIELD SCHOOL DISTRICT

STUDENT MEDICATION PROCEDURES

Dear Parent or Guardian:

Your child is taking medication at school. All medication must be stored in a locked cabinet in the Health Office. New medication must be provided by you at the beginning of each school year or upon entering the school, and should meet the following requirements:

CLEARLY LABELED ORIGINAL PRESCRIPTION CONTAINER WITH:

Students Name
Medication and Dosage
Instructions for Administration
Health Care Provider's Name

In order to avoid any confusion concerning the administration of **long term prescription medication** during school hours, the following requirements should be adhered to before any prescription medication can be given to your child while he/she is in school:

- * A Health Care Provider's note must accompany the medication, including date, time of medication, and dosage (see form provided on back)
- * Parent/guardian signature for administration of the medication (see form provided on back)
- * Medication must be clearly labeled in the **original** most current container from the pharmacy

We **must** have on file each year a written order for daily medications from your Health Care Provider. If there has been any change in your child's health status and the need for this medication, please notify the nurse in the school.

All **temporary or short-term medication** must be brought to the nurse in the **original** prescription container with the pharmacy label in place. The label will have the child's name, medication name, and instructions for dispensing. A note is required from the parent with instructions for administration, including date, time, medication dosage and parent signature, as well as, a doctor's order for school administration.

All **non-prescription or over-the-counter** medication must be sent in the **original** container, labeled with the child's name, and be accompanied by a note from the parent/guardian with instructions for administration, including date, time, medication dosage and signature, as well as, a doctor's order for school administration.

No medication will be administered unless the above requirements are met. All medications should be given at home whenever possible unless otherwise ordered by the Health Care Provider.

The above requirements are part of the Springfield School District Medication Policy and Procedures. Thank you for your cooperation.

SPRINGFIELD SCHOOL DISTRICT

SCHOOL ADMINISTRATION OF MEDICATION

School _____

Student Name _____ Grade _____ HR _____ DOB _____

Diagnosis: _____

MEDICATION	DOSAGE	TIME	ROUTE

POSSIBLE SIDE EFFECTS: (Please Circle)

- | | | | |
|--------------|-----------|-----------|----------|
| ANOREXIA | SEDATION | AGITATION | ANXIETY |
| CONSTIPATION | VOMITING | HEADACHE | DRY EYE |
| FATIGUE | DIZZINESS | NAUSEA | DIARRHEA |
| OTHER _____ | | | |

Special Instructions _____

Administer Until: _____

Medication/Drug Allergies: _____

Additional Pertinent Information _____

Doctor/Health Care Provider _____ Phone _____

Health Care Provider Signature _____ Date _____

Parent/Guardian _____ Date _____