

_____ **School**
School Fax _____ **WICHITA PUBLIC SCHOOLS**
Department of Health Services

Request to Administer Medication at School
(For Implementation of Policy 5316)

By Board policy, medication is administered at school only upon written request from both a parent or lawful custodian and a licensed physician or dentist. **See Guidelines for Medication Administration for details.**

Parents, please provide the following information:

Name of Pupil: _____ Birthdate: _____

School pupil attends: _____ Room/Teacher: _____

I certify that the child named above has received at least one dose of the medication requested below and has not had adverse reactions to it. I agree to the procedures outlined in the Guidelines for Medication Administration. I authorize appropriate USD 259 personnel to exchange information regarding this medication request with the health care provider(s) listed below and with the dispensing pharmacy identified on the medication label.

This request cannot be implemented until it is reviewed by the school nurse. A non-nurse school employee may be designated and trained by the school nurse to administer this medication.

Date: _____ Signature: _____

Home Phone _____ Cell Phone _____ Work Phone _____
Parent or Legal Custodian

Physician, please provide the following information:

The above named pupil needs to receive the following medication during regular school hours for the diagnosis of _____.

Medication: _____ Dosage Amount: _____

Time: _____ Other directions for administering: _____

Expected duration of treatment: _____ days OR Long Term? _____ (yes or no)

_____ Signature: _____
Date Physician/ARNP/PA

_____ Office Fax #: _____
Printed Name of Physician/ARNP/PA Office Phone #: _____

Supervising Physician (required for ARNP or PA)

--- Parents, please retain this for your information ---

GUIDELINES FOR MEDICATION ADMINISTRATION

1. This policy addresses **non-prescription** and **prescription** medications.
2. The dosage intervals of many medications can be adjusted so that times for taking the dosages come outside school hours. If at all possible, medications should be taken prior to coming to school or after leaving school under parental supervision.
3. The school nurse must review all medication requests prior to initiating their administration. The school nurse may designate and train a non-nurse school employee to administer them.
4. When necessary to administer medication during school hours, written requests must be submitted to the school signed and dated by both parent and physician and contain the following:
 - o name of pupil to receive medication and his/her birthdate
 - o school and room/teacher (during which time the medication is to be given)
 - o name of medication
 - o specific directions for administering including time and dosage amounts
 - o reason for medication (signs and symptoms/diagnosis)
 - o expected duration of medication, and
 - o certification by the parent that:
 - o at least one dose of the medication has previously been given and no adverse reactions were experienced,
 - o appropriate USD 259 personnel may exchange information regarding the medication request with the physician and dispensing pharmacy.

(Note: Any changes in dosage or schedule will require a new written request with physician signature and new or newly labeled medication containers. Requests must be renewed yearly.)
5. Medication must be provided:
 - o by the parent or legal custodian and transported to and from school by parent,
 - o in amounts such as a 5 -to 10 day supply for short term and 20 to 21 day supply for long term medications,
 - o in appropriate packaging labeled with the following:
 - o name of pupil
 - o prescription number
 - o name of medication and strength
 - o dosage and directions for administration
 - o date prescription was filled
 - o prescribing physician's name
 - o when applicable -- expiration date, storage directions.
6. It is the responsibility of the parent to assure that the medication and dosage in the container is the same as identified on the affixed label. (Suggestion: Two containers, one for school use and one for home, can be requested from the pharmacy when the prescription is filled.)
7. School employees who administer medication in accordance with authorized physician instructions and BOE policy shall not be liable for damages resulting from adverse reactions suffered because of the medication or because of mislabeled or altered product. In the event of adverse reaction, pupil will be treated according to standard emergency care guidelines.