

MEDICATION ADMINISTRATION FORM

Prescription Medication: Whenever possible, the administration of medicine to students should take place at home before or after school hours rather than at school. Parents/Guardians are asked to always administer the first dose of prescribed medication in order to monitor the child's side effects. Students are not permitted to have any medication on their person at school. Students may not bring and keep with them any medication for self-dispensing. If a student must be given medication during school hours the procedure is as follows.

1. *The medication must be current (not more than 90 days old) and accompanied by this completed request for administration of medication signed by the parent/guardian and the principal.*
2. *Only the principal or designated school employee may administer medications to students.*
3. *Prescription medication in the original container may be administered at school provided that the prescription label has all instructions written in English, indicates the date the prescription was filled, states the student's name, directions for usage including amount and frequency of dosage, name of medication, name of pharmacy, and prescribing physician.*

When Necessary or PRN Medication: In the event that a medication is prescribed “when necessary” or “as needed” and should the condition arise for which the medication is prescribed, the school prefers, if at all possible, that the parent/guardian come to the school to determine if the condition warrants the medication and administer the medication.

Exceptions to the above are in the case of a diagnosed asthmatic, allergic, or epileptic student when “PRN” (as necessary) medication may be administered by school personnel at the onset of symptoms provided that the following signed, completed parent/guardian request is on file in the school, and that the request form describes symptoms which are indicative of the need for the medication. When an epi pen is administered, the school will call **911** and the parent/guardian. These medications are kept in the school office.

Over the Counter or Non-Prescription Medication Form: The Diocese of Corpus Christi recognizes that sometimes students need medications that are purchased over the counter like cough drops or even antibiotics that are prescribed short-term (two weeks or less). Parents/Guardians should use this form for these medications. However, whatever medication you need the School to administer must:

1. be requested on this form, "REQUEST FOR IN-SCHOOL ADMINISTRATION OF PRESCRIPTION/ PRN/OVER THE COUNTER MEDICATION" (see next page)
2. have the signature of the parent/guardian, the Child's Medical Doctor or Advanced Practice Nurse, the Principal, and the School Health Administrator.

This applies to any medication that you want the school to administer to your child.

NON-PRESCRIPTION MEDICATIONS

Non-prescription medication (over the counter) must be in original container, with visible directions, and displaying the student's name. Request for administration of such medications must be consistent with directions for use on the package. A medication permit per diocesan policy is to be signed by the physician and parent for ALL medication with instructions for administration.

With the use of cough drops, they must be in the original container and labeled with the child's name and written directions from the parent. Parent request for administration of cough drops must be consistent with directions for use on the package. This is subject to local diocesan and school policies.

Availability and Locations of EpiPens: *Anaphylactic or potentially anaphylactic children who have been issued a prescription for an EpiPen shall deliver at least two (2) to school nurse for use in case of emergency.

♥Children may not be allowed to use another child's EpiPen,.

♥Each child should wear a Medic Alert bracelet that states his or her allergy/ies.

♥Children who are no longer allergic or no longer require an EpiPen must present a letter of explanation from their allergist to the School.

♥Additional EpiPens should be brought on field trips. If the location is remote, it is recommended that the organizer of the field trip carry a cell phone as well.

Diocese of Corpus Christi

REQUEST FOR IN-SCHOOL ADMINISTRATION OF PRESCRIPTION/PRN/OVER THE COUNTER MEDICATION Epi Pens and Inhalers require Action Plans

Student: _____ Date of Birth: _____ School: _____ Grade: _____

In certain, extenuating, limited situations, for students with chronic or acute medical conditions which do not necessitate exclusion from school, non-medical school personnel may administer health related treatments or medications "PRN" (as needed) as prescribed by a licensed practitioner and requested by the parent/guardian. In all cases the following are required:

1. Medical Doctor/Advanced Practice Nurse Signature
2. Parent Signature
3. School Principal's Signature
4. Diocesan School Health Administrator Signature

Standing Orders as per Medical Doctor /Advanced Practice Nurse

1. Diagnosis: _____
2. Signs and symptoms: _____
3. Duration of treatment/medication: _____
4. Related signs and symptoms of conditions which constitute a medical emergency for which EMS and parent called:

5. Medication to Administer: **Example: Ibuprofen 400 mg tablet by mouth every 8 hours X 2 max for headache**

Medication	Dose	Route	Frequency/Time/Max	Dx.
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Medical Doctor/Advanced Practice Nurse Signature: _____

Medical Doctor/Advanced Practice Nurse Print: _____

Medical Doctor/Advanced Practice Nurse Phone: _____ Date: _____

I understand that the treatment(s) and/or medications(s) will be administered by a person who is not medically trained. If in the event, the person to administer medication is uncomfortable with dosing; and medication is held; the principal and parents will be notified. I agree to hold the school and the Diocese of Corpus Christi, harmless for the administration of the PRN treatment /medication requested by the parent/guardian and for adverse reactions of side effects to the treatment. I agree to be responsible for maintaining and adequate supply of materials and/or medication at the school to meet the child's needs.

Parent/Guardian signature: _____ Date : _____

I acknowledge and will make arrangements for the above described treatment/medication to be administered under the above described circumstances.

Principal signature : _____ Date : _____

Approved Disapproved Expiration date

School Health Administrator: _____

Date: Updated: 08/09/2016