PIEDMONT BOARD OF EDUCATION

FFACA-E2

PIEDMONT PUBLIC SCHOOLS AUTHORIZATION TO ADMINISTER MEDICINE

	Please initial here	_ that you	have read our Administration of Medicine Procedu	ires
I am the parent	with legal custody, the	e legal guar	dian or individual assuming custody of the below	child.
Student Name:				
I hereby give n	ny consent and authoriz	ze the school	ol nurse, principal or trained designee to:	
			at I will provide to the school in its original, unoper ster this medication according to the manufacturer	
provide a medicatio intervals,	written statement from n and needs to be on a	prescribing student's p	vill bring in its original container with a current lab g doctor with directions and start and end date. If thereon, since this medication may need to be given from prescribing doctor that student is capable of	this is a life-saving at unpredictable
**Please send	only 1 month supply at	a time.		
student's guard self administrat with its reliance It is required th	tian for any liability, action. I hereby release Fe of this permission and at parents bring medicat be picked up by pare	ets of omiss Piedmont So d agree to hation to the	School District or its designees shall not be liable to tions or injuries to student from the medication I has chools and its employees from any claims or liabili- hold them harmless from any claim or liability. The office. Medication will not be sent home with any mated adult. Any medication left at school after en	eve authorized for ities connected by student.
Date:				
Signature of Pa	rent or Guardian:			
doption Date: A _l	pril 9, 2012		Revision Date(s):	Page 1 of 3

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PIEDMONT PUBLIC SCHOOLS AUTHORIZATION TO ADMINISTER MEDICINE (Cont.)

Administration of Medicine: A school nurse, or in the absence of such nurse, ad administrator or designated school employees, may administer medicine(s) to students when authorized in writing by the student's parent or guardian as provided by law.

1. General procedures for the administration of medicine:

- A. Written authorization must be on file in the school clinic or office before the school nurse or designated school employees may administer any medication to a student. The parent(s) or the person having legal custody or the legal guardian of a minor may sign the authorization form.
- B. Each school in which any medicine is given shall keep a record of the name of the student to whom the medicine was administered; the date the medicine was administered, the name of the person who administered the medicine and the type or name of the medicine which was administered.
- C. Medicine to be administered shall be kept in the school clinic or office, properly stored and not readily accessible to persons other than the persons who will administer the medication.
- D. For incidents of major concern, or questions regarding the administration of <u>any</u> medication, every effort will be made to contact the parent or guardian. The nurse's professional discretion will be used to determine if the administration is in keeping with the health and well being of the student and sound medical practice.

2. Specific procedures for the administration of medicine:

- A. It is the responsibility of the parent/guardian having legal custody of the child to provide any medication to be given at school.
- B. No controlled substances (such as hydrocodone, percocet, Tylenol #3) will be given at school without a specific doctor's order stating the medication must be given during school hours.
- C. Prescription medicines must be brought to school in the original prescription container labeled with: the date, name of the prescriber, the name of the student, the name and dosage of the medication, directions for administration, and the name and phone number of the pharmacy.
- D. Sample drugs must be accompanied by a physician's written order, specifying the dosage, the frequency and directions for administration.
- E. Non-prescription medicines must be brought to school in an unopened, original manufacturer's container with the original label intact, which supplies the following information: ingredients, expiration date, dosage and frequency, route of administration, i.e. oral, nasal, side effects/contraindications and other directions as appropriate. The medicine must be age and dose appropriate.
- F. A new authorization form must be completed for any change in medication.
- G. All medication to be given at school must be kept in the school clinic or office, regardless of the student's age. Exceptions are made for asthma inhalers or medication for life-threatening conditions, which may be

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carried by a student **after** the school, receives a letter from the parent/guardian <u>and</u> the physician stating that it is necessary for the medicine to remain with the student. Authorization must include that the student has been trained and is proficient in self-administration of the prescribed medication. School personnel shall not be responsible for any adverse reaction suffered by the student as a result of self-medication.

- H. Non-prescription inhalers for asthma will **not** be given at school.
- I. Non-prescription medication that needs to be given daily or longer than the manufacturer's recommendation for use must be accompanied by a physician's written order.
- J. Requests from parents/guardians to increase the dosage of any medication beyond that listed on the label will **not** be honored without written confirmation from the physician.
- K. Because of the potential for harm to children or teenagers who are suffering from viral illnesses such as influenza, chicken pox or colds no aspirin or aspirin-type products will be given at school.*
- L. In the absence of **either**, the written authorization from the parent/guardian **or** medication in the properly labeled container, no medication will be administered. Every effort will be made to notify the parent/guardian.

*As recommended by The Na	tional Reyes Sy	ndrome Foundat	ion, the U.S. Su	ırgeon General,	the Food and	Drug Administration
and the centers for Disease Co	ontrol.					

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