

Medication Administration Policy Community Schools of Frankfort

The program for administration of medication will be developed and managed by the school nurse.

Parent/Guardian Guidelines:

- Only those medications necessary to maintain the child in school which must be given during school hours shall be administered.
- All medications must be brought to the Front office/Health office. Medication, both over-the-counter and prescription, must be in **original** container with the student's name affixed. The school does not provide oral medications and the parent must assure the medication arrives safely at school.
- Parents must provide an authorization form or written note including the following:
 - Students Name
 - Medication Name, purpose of medication
 - Dosage of Medication and times to be given
 - How long medication should be given
 - Parent/Guardian Signature
- Medications must be FDA approved. No expired medications will be administered at any time.
- Medication will be administered according to pharmacy label instructions or recommended package dosage for your child's weight and age unless accompanied by written authorization from a licensed prescriber directing otherwise.
- Changes in medication shall be documented by written authorization from a licensed prescriber. The pharmacy label can serve as this documentation. Medication will not be given without proper authorization.
- Students may not have medications in their possession while on school premises without written permission from physician and parent. If possession or use of medication by the student is inappropriate or is interfering with school function, the school principal is authorized to temporarily remove the medication from child's possession.
- Medications must be picked up in the school office by parent or designee over age 18 with parent's written permission. OTC and non-controlled medication may be returned home with the student with parent's written permission if determined appropriate by school principal or school nurse.

Parental Medication Release Statement

I hereby give permission for the school nurse or designated school staff member to administer the described medication to my child during school hours. I agree to provide all medication in the original container and to renew all medication orders annually.

Student Name _____ Birth date _____

Name of Medication _____ Dosage _____ Time(s) given _____

Purpose of Medication _____ Parent/Guardian Contact Number _____

*My Middle School/High School child may bring his/her own medication home: (initial please) Yes _____ No _____
(OTC and non-controlled medication only; elementary students only if determined appropriate by school principal/nurse)*

Parent Signature _____ Date _____