



MEDICATION PROCEDURE

CONSENT TO ADMINISTER PRESCRIPTION MEDICATION AND OVER-THE-COUNTER MEDICATION

It is strongly recommended that medication be administered at home if at all possible. **ALL MEDICATION** must be kept in the Health Office. If students must take medicine at school, either by physician's order or parent's request, the following guidelines will apply:

Administration of Medication Prescribed By A Physician

- The law (ARS15-344) requires that medication must be delivered to the nurse in the **prescription** container as prepared by the pharmacist. The number of pills may be documented upon receipt by the school nurse.
- The prescription label must bear the student's name, current date, name of medication, dosage and the time to be given.
- Please ask your pharmacist to fill the prescription in both home and school containers.
- It is recommended that no more than a 30 day supply be maintained at school.
- The school nurse may consult with the physician regarding medication.

Administration of Non-Prescription Medications

- The law (ARS 15-344) requires that medication must be delivered to the nurse in the original container as packaged by the manufacturer and labeled with the student's name.
- Dosage must be in keeping with the manufacturer's recommendations as printed on the label.
- The school nurse may request a medical evaluation and may require a physician's order giving permission to administer non-prescription medication, non-traditional medication or food supplements.
- A printed form provided by the district must be completed by the parent/guardian authorizing administration of medication and/or food supplements at school. A temporary hand-written note may be honored for one dose/day and must be followed by the school district form.
- Medication should not be carried back and forth from home to school by the student. This is to protect the student against theft or misuse of his/her medication.

Please complete the following information and return the entire page to the school nurse.

Name _____ Date of Birth _____ Grade _____

Teacher _____ Medication _____ Dosage _____

Reason for Medication (Diagnosis) _____ Time(s) to be administered at school _____

Dates to be administered at school: From _____ (Date) Until _____ (Date)

I hereby authorize the school nurse or Principal's designee to be my agent and to give the above named medication(s) to my child.

Signature of Parent/Guardian _____ Date _____