

REGIONAL SCHOOL UNIT #22

REQUEST FOR ADMINISTERING MEDICINE IN SCHOOL

STUDENT _____ **SCHOOL** _____ **GRADE** _____

TO: Parent/Guardian and Pupil's Licensed Health Care Provider:

In response to your request for the student to receive medicine during school hours, the parent should complete SECTION ONE on the reverse side of this form and return this form to the school office. Then the prescribing physician or dentist is asked to sign SECTION TWO.

1. The administering of medicines in the school should be avoided whenever possible. However, when a pupil's health and attendance is contingent upon the receipt of medication during school hours, the school board permits administering medicine in accordance with policy JLCD and school regulation JLCD-R. Approval by the school nurse is required. This is part of an overall effort to protect the health and safety of the student.
2. Should a medicine be required to be taken in conjunction with a meal (before, during or after eating), please clearly indicate that rather than giving a specific time, as the lunch period schedule may vary.
3. The parent/guardian is responsible for the delivery to the school of prescription medicine in the original prescription container, labeled according to standards. It will be kept in a locked cabinet. Please bring only enough for the duration specified. Any unused medication will be returned to the parent only.
4. The parent or guardian must assume responsibility for informing the school nurse of any change in the child's health or change in medication.
5. Please be advised that the school nurse, when available, administers any medication approved to be given. However, in the likely event that the school nurse will not always be present in the school building, the medicine will be administered by the principal or his/her designee (non- medically licensed staff) as permitted by law and school board policy.
6. Parents are permitted to come into school to give medicines to their own students if they choose to do so.

PERMISSION TO ADMINISTER MEDICATIONS IN SCHOOL

SECTION ONE (to be completed by parent/guardian)

I request that my student be administered medicine in school in response to the licensed health care provider's request and information on page 1, and in accordance with school board policy. I realize that the medicine will be administered by the school nurse when available, but otherwise by the principal or his/her designee (non-medically licensed personnel).

Student's Name: _____ DOB: _____ Grade: _____

Name of Medication: _____ Reason: _____

Signature of parent/guardian

Date

SECTION TWO (to be signed by licensed health care provider)

The above named student would be unable to attend school if not administered the above named medicine during the school day. I request the administering of this medication in school as follows:

Dosage: _____ Time of administering: _____

Possible side effects: _____

Date to begin: _____ Date to conclude: _____

Name of Licensed Health Care Provider
(printed or typed)

Signature

Date

Address: _____ Phone: _____

SECTION THREE (to be completed by school nurse)

APPROVED BY: School Nurse: _____ Date: _____

Reference: Title 20-A MRSA, 545(5), 4009(4) M.S.A.D. #22 School Board Policy JLCD
School Regulation JLCD-R
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