

Administering Medication

To: All Parents or Guardians
From: Kori Fidler
Regarding: Administering Medication
Date: August 2008

Please take the time to read this very important information on administering medications to your child.

During this season we know that there are times when you would like for us to give your child over-the-counter and prescription medications. By law, written permission must be on file before any type of medication may be administered to a child. Please fill out the **Permission to Administer Medication** form if your child needs medication at school. The written authorization must give the child's name, the specific name of the medicine, dosage instructions, the parent's signature, and the date signed. The term "given as needed" is not acceptable, the parents, physician, or other authorized health professional must indicate the exact conditions under which a medication should be given such as "for knee pain".

If you have given your child any medications before the start of the school day please fill out the **Administering Medication at Home** form and turn it in so that your child's teacher will be informed.

We ask that you keep your child at home when any of the following symptoms are present.

- ? Fahrenheit temperature over 101 degrees orally
- ? Strep throat, until 24 hours after treatment has started
- ? Two or more episodes of vomiting within a 12 hour period
- ? A red eye with white or yellow eye discharge until 24 hours after treatment
- ? Scabies or lice until treated
- ? Chicken pox, shingles, or any other unidentified rash
- ? Hacking cough, excessive nasal discharge, glassy eyes
- ? Impetigo, until 24 hours after treatment
- ? Sudden onset of diarrhea characterized by an increased number of bowel movements compared to the child's normal pattern and with increased stool water
- ? When a physician or other health professional issues a written order that the child be separated from other children

Please make sure your child gets lots of rest and they are encouraged to wash their hands frequently.

If you have any questions or concerns, please feel free to talk with me.

Permission to Administer Medication at School

For the school to administer over-the-counter and/or prescription medication to a student, the following procedure must be followed:

1. Parent or guardian must fill out a Permission to Administer Medication Form.
2. Medicine must be brought directly to the child's teacher by the parent. The medicine will be placed in locked storage and refrigerated, if necessary.
3. All over-the-counter and prescription medicine must be contained in the original bottle with the child's name, dosage, frequency, duration of use and expiration date.
4. No medication can be sent to school in a child's lunch box. This includes vitamins, aspirin, cough drops, and any other over-the-counter or prescription drugs or candies.
5. Medicine will not be administered after the expiration date.

Child's Name _____

Name of Medication _____

Expiration Date _____

Dosage _____

Dates To Be Given _____

Times To Be Given _____

Possible Reactions _____

Special Instructions (shake, refrigerate, etc.) _____

I give my permission for my child to be given this medication.

Parent or Guardian's
Signature _____ Date _____

To Be Completed By Staff

| | <u>Monday</u> | <u>Tuesday</u> | <u>Wednesday</u> | <u>Thursday</u> | <u>Friday</u> |
|--------------------|---------------|----------------|------------------|-----------------|---------------|
| Type of Medication | _____ | _____ | _____ | _____ | _____ |
| Dosage Given | _____ | _____ | _____ | _____ | _____ |
| Date Given | _____ | _____ | _____ | _____ | _____ |
| Time Given | _____ | _____ | _____ | _____ | _____ |
| Initials | _____ | _____ | _____ | _____ | _____ |

Any medication remaining after the course of treatment should be returned to the child's parent or guardian.

Administering Medication at Home

Dear _____,

Please be aware that I have given _____, a dosage of _____ (amount given _____) this morning before school. He/she had the following symptoms: _____

If I need to be reached today I will be at the following phone number _____

Parent or Guardian signature: _____ Date: _____

Administering Medication at Home

Dear _____,

Please be aware that I have given _____, a dosage of _____ (amount given _____) this morning before school. He/she had the following symptoms: _____

If I need to be reached today I will be at the following phone number _____

Parent or Guardian signature: _____ Date: _____