

CLINIC

The High School Clinic is located in the guidance office area, and will be used at the discretion of the office only when parent contact of an ill or injured student cannot be made.

ADMINISTERING MEDICINES TO STUDENTS

Due to the fact that the Board of Education has taken a strong stand against drug abuse in school, and realizing that there may be cases when students must take prescribed or over-the-counter medication during the school day, the following set of guidelines have been adopted to deal with this situation:

1. Internal medication (including over-the-counter medicine such as aspirin) must be given only by written order of a physician or parent/guardian.
2. All medication should be brought to school office by parent/guardian in a properly labeled container - student's name, doctor's name, drug name, dosage, date, and any directions for administering the medication. Students are not to keep medication with them at any time.
3. In all cases, a copy of the Administration of Medication Form, available from the high school office, must be filed with the principal whenever medication must be taken at school. A note from a parent including the appropriate information may be used in lieu of the form.
4. Medication should be delivered and picked-up by parent/guardian. Students should not be responsible for transporting medication.

ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

PART I.

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

_____ is under my care and should receive
(Name of Student)

_____ at the following times _____
(Name of Drug, Dosage, Route)

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date of this request: _____

Date: _____

Physician's Signature

Physician's Phone Number

PART II.

PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

For children in grade K-5: I hereby request and give my permission to the principal or a delegate (teacher or other responsible person) to administer the following medication to my child.

Name of child _____

Name of drug _____ Dosage _____ Route _____

For students in grades 6-12: I hereby request and give my permission for my child to be supervised as he/she administers the following medication to himself/herself:

Name of child _____

Name of drug _____ Dosage _____ Route _____

Date _____

Signature of Parent