

GUILDERLAND CENTRAL SCHOOL DISTRICT SCHOOL HEALTH SERVICES

Dispensing of Medication to Students in the School SettingMEDICATION ORDERS MUST BE RENEWED AT THE BEGINNING OF EACH SCHOOL YEAR****

In order for the school nurse, as directed by the NYS Education Department, to dispense medication to your child during school hours, school sponsored activities and field trips, all of the following requirements must be met:

1. **An ORIGINAL SIGNED ORDER** from the licensed medical provider prescribing the medication **for all prescription and non-prescription medications**. The order should include:
 - Reason for prescribing the medication; and
 - Adverse reactions that need to be observed and reported.
2. All **prescription medications** must be in their original pharmacy containers, properly labeled with the following information: **Student's Name, Name of Medication, Dose/Time, and Prescribing Doctor**. Ask the pharmacist to dispense medication into two containers – one for school and one for home.
3. All **non-prescription medications (over the counter)** must be in its original, unopened manufacturer's container with the student's name affixed to the container.
4. A signed note from the parent giving the school nurse permission to dispense the medication as prescribed by the doctor; or **parent signature at bottom of this sheet**.
5. All **medication must be delivered to the school nurse by an adult**, preferably the parent.
6. Students are NOT allowed to have medications on the bus, in their locker or on their person unless they have been authorized to carry and use the medication. The licensed medical provider prescribing the medication must provide written permission. Parent permission must be on file in the nurse's office. Permission is subject to review and potential follow-up by the school nurse.
 - a. A separate independent medication carry and use form to be completed by the licensed medical provider prescribing the medication, can be obtained by calling the school's Health Office.

Student Name _____ DOB _____ Grade _____

Medication _____ Dosage _____ Time _____

Reason for Medication _____

Possible Side Effects _____

Physician's Signature _____ Date _____

Physician's Stamp _____

I, being the parent/guardian of the above student give the school nurse permission to discuss with the doctor this medication order and administer the above medication to my child.

Parent/guardian's signature _____ Date _____

If you have any questions or concerns, please contact the Nurse's Office.

Reviewed March 23, 2010

Reviewed October 23, 2012

Revised, Reviewed March 8, 2022