

DISPENSATION OF MEDICATION

This procedure was developed to comply with School Board Policy JHCD, Dispensation of Medication, and state mandates. It is designed to protect students, parents/guardians and school personnel.

For the protection of students:

- all medications (**with some exceptions**) will be stored in the school health office;
- medications dispensed in other programs and outside the normal school day should be stored in a secure location in that program area;
- **If there are concerns about a prescription or nonprescription medication** the licensed school nurse will contact the doctor and/or request a physician's order for an over-the-counter medication;
- a new medication permission form is required each school year.

Procedure

1. **Medication prescribed for more than two (2) weeks** and which must be taken at school must have this permission form signed by a physician or dentist **and** the parent/guardian.
2. **Medication prescribed for less than two (2) weeks** requires written permission from the parent/guardian only.
3. **Over-the-counter medication** should have this permission form signed by the parent/guardian.
4. All medications should be in original containers labeled with the following:
 - a. Student's name
 - b. Medication name
 - c. Strength of medication
 - d. Time of day to take medication
 - e. Doctor's name

AUTHORIZATION FOR GIVING MEDICATION AT SCHOOL

Student Name _____ Birth Date _____ Grade _____

Reason for giving medication _____

Name of Drug	Dosage	Time of Day	Discontinuation Date

Signature of Doctor / Dentist

Doctor's / Dentist's Phone Number

I hereby authorize school personnel to give the above medication and contact the doctor with any questions.

Signature of Parent / Guardian

Date

Work Phone

Home Phone