

Procedure for Administration of Medication:

1. All medication is to be brought to the school office by an adult.
2. Medication is to be in the original prescription bottle from the pharmacy and is to carry the pharmacy label with no corrections.
3. Students are not to carry medication to school.
4. Parents are responsible for keeping the prescription refilled.
5. The building Principal will be responsible for developing the building procedure.
6. Prescribed medication must be in pre-measured form. School **personnel must not be expected to measure liquids.**
7. Students requiring intravenous/intramuscular injections or insertion of a tube or device into the body shall be serviced by licensed personnel and/or other appropriately trained personnel.

USE OF MEDICATIONS

For purposes of this policy, "medication" shall include all medicines prescribed by a physician and any patent drug.

The Board of Education shall not be responsible for the diagnosis and treatment of student illness.

The total responsibility for dispensing or administering any non-prescribed (over-the-counter) drugs, preparations, and/or remedies, which are not defined as "medication" by this policy, shall rest solely with the parent(s) or legal guardian, and that student.

The administration of prescribed medication to a student by any person during school hours on school premises will be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available during school hours.

Medication shall be administered by school staff only under the following circumstances. Prescription medication must be in its original prescription container, labeled with the date of prescription, student's name, and exact dosage. It must be in pre-measured form and must be accompanied by written instructions of a physician which sets forth timing and amounts of dosages. Nonprescription medication must be in its original patent drug container accompanied by clear written instructions from the parent setting forth times and amounts of dosages. School staff will administer medication only with written authorization and instruction from the parent of guardian and the physician, and only in the presence of another adult.

Non-staff persons, including parents or students, may also administer medication but only in the presence of another adult and only if authorized in writing by parents and a physician.

The Board may permit the administration of medication requiring intravenous or intramuscular injection or the insertion of a device into the body.

Students who may require administration of an emergency medication may have such medication, identified as aforementioned, stored in the principal's office and administered in accord with this policy.

The Superintendent shall prepare administrative guidelines to ensure the proper implementation of this policy. Any written permission or instructions required by this policy shall be on forms approved by the Board of Education. These completed forms shall be kept on file in the office of the Principal.

COMPLETE FORM BELOW

BOARD OF EDUCATION
ANCHOR BAY SCHOOLS

STUDENTS/5000
A.G.

BUILDING NAME : SUGARBUSH ELEMENTARY

REQUEST FOR ADMINISTRATION FOR MEDICATION

We, the undersigned parents and/or guardians of :

CHILD'S NAME: _____

request the Anchor Bay Schools to administer the following oral medication:

(Name of medication): _____ Dose _____

to our child, which is furnished by us for the treatment of:

(Name of condition) _____ and is a medical prescription dated and prescribed by **Dr.** _____. According to the doctor, the medication will be given as directed:

(Include timing). _____

(Directions must conform to those on the medicine container and include the length of time the child is to receive the medication.)

Parent/Guardian Signature _____ **/Date:** _____

Emergency Telephone No.(home) _____ /Work: _____

I concur with the above information and add the following instructions _____

Physician's Signature _____ **/Date:** _____

Physician's Address _____

Physician's Phone No _____

(Please Fax to: 586-598-7671)

F:Request