

Hamilton Southeastern Schools
STUDENT MEDICATION GUIDELINES

The health of your child can directly affect school performance. The School Nurse is one team member available to help your child achieve their best. By adhering to the following guidelines, medication can be safely administered at school. All medication must be sent to school in its' original container. This container should be placed in a sealed envelope that is labeled with the student's name, medication name and dosage, pill count, parent/guardian's name and phone number. Medications will not be dispensed unless this policy is followed completely. It is the student's responsibility to see that their medicine is taken at the appropriate time.

Short Term Prescription Medicine (to be given ten days or less) must be accompanied by the following:

1. A written note from the parent/guardian specifying dates, times and dosage to be given.
2. Medication must come in the original prescription container labeled with child's name and instructions.
3. If it is an oral medication, send the exact amount of medication that will be used at school.
4. A written order from the physician if sample medication is provided.

Long Term Prescription Medication (given more than ten days) must be accompanied by the following:

1. A physician's order on a prescription pad or their signature on the form below.
2. A written note from the parent/guardian specifying dates, times and dosage to be given or completion of the form below.
3. Medication must come in the original prescription container labeled with child's name and instructions.

Non-Prescription Medication (cold medicine, cough syrup, etc., to be supplied by parent and given ten days or less) must be accompanied by the following:

1. A written note from the parent/guardian specifying dates, times and dosage to be given.
2. Medication must come in the original container labeled with child's name.
3. Please provide single doses only or the exact amount of medication that will be used at school.

Note: Medication may be sent home with a student if the parent gives written permission. However, to avoid having to transport medication back home with a student, please send in either a daily single dose or the exact amount required for the treatment period.

Please keep top portion for your information

Return bottom portion to Nurse

AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

Student Name _____ Teacher _____

<u>Name of medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Dates to be given</u>	<u>Reason for use</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parent/Guardian Signature _____ Date _____

Physician Signature _____ Date _____
(Only required for long term prescriptions or sample medication)