

**Guidelines For The Administration of Medication During School Hours**

The faculty and administration of the Burrell School District recognize that parents have the primary responsibility for the health of their children. Although we strongly recommend that medication be given in the home, we realize that the health of some children requires that they receive medication while in school.

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. When medication absolutely must be given during school hours, certain procedures must be followed.

**For Prescription Medication**

1. The physician must complete the prescription medication form.  
(Attachment "A")
2. The parents must sign the consent form for prescription medication.  
(Attachment "B") Completed forms should be returned to the office.
3. Any medication to be given during school hours must be delivered directly to the school nurse, the school principal or his/her designee, by the parent or responsible adult. The medication must be brought to school in the original pharmaceutical dispenser and/or properly labeled container.
4. A prescription drug log will be kept for any child receiving prescription medication during school hours.
5. In the absence of the school nurse, the school principal or his/her designee will administer the medication.
6. Prescription medication will be kept in a locked medicine cart in the school nurse's office.
7. Students in grades 6, 7, 8, 9, 10, 11, and 12, will be responsible for reporting to the nurse's office at the time the medication is to be given. In the absence of the nurse, the student will report to the building office. In K-5, individualized plans will be made for the administration of medication by the nurse, principal or his/her designee.

### **For Non-Prescription Medication**

1. Any medication to be given during school hours must be delivered directly to the school nurse, the school principal or his/her designee, by the parent or responsible adult. **The medication must be brought to the school in the container in which it was purchased.**
2. For each day the medication is to be given during school hours, the parent will write a note stating:
  - a. Name of medication
  - b. Why the medication is to be given
  - c. The exact time the medication should be administered.
3. The note will be taken to the school nurse, or in her absence, to the building principal (or his designee) at the beginning of the school day, along with the medication to be taken.
4. Students in the Middle School and High School will be responsible for reporting to the nurse's office at the time the medication is to be taken. In absence of the nurse, the student will report to the building office. In K-5, individualized plans will be made for the administration of medication by the nurse, principal or his designee.
5. Non-prescription medication taken at school will be recorded in the first-aid log by the person supervising the medication.

**BURRELL SCHOOL DISTRICT**

**Private Physician Request For Administration of  
Prescription Medication**

Dear Doctor:

The parent/guardian of \_\_\_\_\_  
(Student's Name)

has requested that we administer medication(s), to the student during the school day. It is our procedure to request that medication be given before or after school hours whenever possible. If it is essential that the student receive the medication(s) during school hours, please complete the following information:

Medical diagnosis \_\_\_\_\_

Name of medication(s) \_\_\_\_\_

Dosage \_\_\_\_\_

Route of administration \_\_\_\_\_

Time schedule for administration \_\_\_\_\_

Duration of medication administration \_\_\_\_\_

Possible side effects or contraindications \_\_\_\_\_

\_\_\_\_\_

Curtailment of specific school activities (sports, shop, lab) \_\_\_\_\_

\_\_\_\_\_

Is student capable of self-administration? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
School Nurse

**BURRELL SCHOOL DISTRICT**

**Parent Consent Form For Prescription Medication**

To: \_\_\_\_\_  
(Building Principal)

I (We) request that school personnel administer \_\_\_\_\_  
(prescribed medication)

to \_\_\_\_\_ according to the attached direction from  
(Student's Name)

our attending physician.

As parent/guardian of \_\_\_\_\_, I (we) hereby release  
(Student's Name)

the Burrell School District and all of its employees from any and all liability for  
damages our child may suffer as a result of this request. I understand that my child's  
school nurse will contact the physician for clarification of instructions as needed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature