

Northern Bedford County School District

Office of the School Nurse
Starla J. Snyder, MSN, RN, NCSN

Dear Parent/Guardian,

Parent/guardian should administer medication at home whenever possible and should collaborate with their primary care provider to establish medication schedules that minimize administration at school. However, when the schedule coincides with the school day, medication will be given at school under the following guidelines, as established by state and federal laws governing medication administration in the school setting:

1. If medication is necessary during the school day, an “Authorization for Administration of Medication” form must be completed by the medical provider and signed by the parent/guardian.
2. All prescribed medication, including over-the-counter medication, MUST be in the original container. Prescription medication MUST be in the original pharmacy labeled container. The label must include the name, address, telephone and federal DEA (Drug Enforcement Administration) number of the pharmacy; patient’s name; directions for use; name and registration number of the licensed prescriber; prescription serial number; date originally filled; and name of medication and amount dispensed. Medications in plastic bags or containers other than their original pharmacy container are NOT acceptable.
3. No more than a thirty (30) school day supply for any one medication should be stored at school.
4. The school nurse, or other licensed school health staff, is responsible to administer medication.
5. The parent/guardian or a responsible adult designated by the parent/guardian SHOULD deliver all medication to school. The medication must be in the original container.
6. Emergency medications (i.e., Epi-Pen, inhaler, Glucagon) may be carried by the student and self-administered, if the licensed prescriber indicates this need in writing and considers the student sufficiently responsible and parent/guardian authorizes. The student must also demonstrate to the school nurse the capability for self-administration and responsible behavior in the use of the emergency medication.
7. Except for emergency medications, ALL medication will be stored in a locked area and written documentation of the administration of medication will be kept.
8. The school district does not assume responsibility for any reactions that may occur following the administration of medication sent from home, nor can there be any responsibility assumed if the parent/guardian does not send sufficient medication and does not complete the proper medication forms.
9. The “Authorization for Administration of Medication” form must be updated with each new school year, with each new illness, and with any changes in dosage.

In partnership,
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AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

This form must be completed whenever medication must be given to a student during school hours, in order to maintain sufficient health to remain in school. Medication must be packaged in the properly labeled pharmacy container.

To be completed by the Physician, Certified Registered Nurse Practitioner (CRNP), or Physician's Assistant (PA)

Date of Order_____ Discontinue Date_____

Student Name_____ DOB_____

Diagnosis_____ Grade_____

Medication Name _____

Dosage_____

Frequency_____ Medication Expiration Date_____

Route_____

Times_____

Possible Side Effects_____

Special Instructions_____

The student may carry emergency medications (i.e., Epi-Pen, inhaler, and Glucagon) and self-administer, if the physician indicates this need in writing and considers the student sufficiently responsible.

Should this student carry and self-administer this emergency medication?

_____YES _____NO

Signature of Physician, CRNP, or PA Date

TO BE COMPLETED BY THE PARENT/GUARDIAN

By signing this form, you release and hold harmless the Northern Bedford County School District, its agents, and employees, from any and all liability and claim whatsoever for the administration of this medication to your child.

Signature of Parent/Guardian Date