



THE PLACE TO BE

FORM FOR COUGH DROPS AND THROAT LOZENGES

Student's Name: _____ Date of Birth: _____

Name of cough drop or throat lozenges: _____

Strength: _____

Dosage: _____

Time cough drop or throat lozenge is to be administered: _____

Date to start medication: _____ Date to discontinue medication: _____

Parent/Guardian Name:

Telephone Number: _____

Parent/Guardian Signature: _____ Date: _____

Administering Cough Drops and Throat Lozenges

1. Authorized school personnel may administer cough drops or throat lozenges to a student upon written requests of parent/guardian.
2. All requests for administering cough drops or throat lozenges must be made in writing to the school nurse or principal. Such request must include written instructions, including the name of the medication, name of the child, dosage and time medication is to be administered, dates to start and discontinue medication, and parent/guardian signature. Parents/guardian may use form provided.
3. Cough drops or throat lozenges must be administered from the school clinic.
4. Cough drops or throat lozenges must be presented to school personnel in its **original container** and labeled with the child's name, the dosage to be given, and the time to be given. Only a week's supply of cough drops or throat lozenges is normally kept at the school.
5. Cough drops or throat lozenges shall be stored in a lockable storage cabinet in the school clinic.
6. Dosages exceeding manufacture's recommendations must follow guidelines for prescription medication and be accompanied by a physician or licensed prescriber's order per Lancaster City School Policy JHCD.
7. Medication remaining at the end of the school year must be claimed by the parent or it will be discarded.