



ADMINISTERING MEDICINES TO STUDENTS

RE: Over the Counter Medication Form

Dear Parents or Guardians,

According to the School Policy of Lancaster City Schools, Medications include prescription and non-prescription medications. No state law regulates the administration of non-prescription medications at public schools.

In all Lancaster City Schools, *Administering Medication Authorization Forms* are required for your student to take prescription medication at school. Only the *Administering Non-Prescription Medication Form* with parent consent is required for your student to take non-prescription medication at school.

In order for your student to take over-the-counter medication at school, the following procedure must be followed:

1. Complete the attached *Administering Non-Prescription Medication Form* and return it to the school clinic.
2. Medication needs to be delivered to the school nurse by a parent, guardian, or emergency contact person listed on the *Emergency Medical Form*. The medication must be in the original container (no plastic bags please).
3. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered a violation of the School Code of Conduct.
4. Medication must be stored in the locked container by school personnel. Students are not permitted to keep any medication with them or in their locker (except for asthma inhalers or auto-injector epinephrine, provided appropriate forms have been completed and student requirements met).
5. Students must take their medication in the office/clinic or from a school sponsored event by the school nurse or school personnel designated by Board policy as authorized to administer medication at the prescribed time to take the medication.

If there is any change in the medication, dose, or instructions, a new form must be completed. A new form is required every school year.

As your school nurse, I am very concerned about the health and safety of all students in our school. This medication policy and procedure ensures the safe administration of medication to your student and promotes a safe school building.

If you have any questions or concerns, please contact me at the school clinic. With kind regards,

School Nurse



ADMINISTERING NON-PRESCRIPTION MEDICATION FORM

To the Parents or Guardian:

The Lancaster City Schools does not wish to dispense medication at school unless it is absolutely necessary. If it is necessary to give the non-prescription medication during the school days for the child's well being, we will be happy to assist.

I hereby request and give permission to the school nurse or school personnel designated by Board policy as authorized to administer medication, to administer to:

Name of student: _____ Grade: _____

Name of medication: _____

Dosage: _____

Specific time(s) to be administered: _____

Start Date: _____ End Date: _____

Possible side effects or adverse reactions of this medication are:

I understand that I (parent or guardian) am responsible for the safe delivery of all medications to the clinic by myself or the emergency contact person listed on the *Emergency Medical Form*.

I agree:

- To send medication to the clinic in the original container.
- To instruct my child to take the medication in the clinic or from a school sponsored event by the school nurse or school personnel designated by Board policy as authorized to administer medication at the prescribed time to take the medication.
- To instruct my child that they are not allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered a violation of the School Code of Conduct.
- To submit a new *Administering Non-Prescription Medication Form* if the medication, dosage, or instructions are changed.
- To call the school office and send written note if my child is taken off this medication. I will retrieve medication within 5 days. I understand the medication will be properly disposed of after 5 days.
- No contact is necessary if the non-prescription drugs are administered. (secondary ONLY)
- Contact by phone or note will be given, if the non-prescription drugs are administered. (elementary ONLY)

I hereby release the Lancaster City School District Board of Education, its officials and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

A new *Administering Non-Prescription Medication Form* is required every school year.

Signature of Parent or Guardian

Date