



ADMINISTERING MEDICINES TO STUDENTS

DATE: _____

RE: _____
(Student)

Dear Parent / Guardian,

It has come to my attention that you have requested a member of our staff to administer a form of medication to your child while here at school. The parent must request in writing, in advance, that your child be given medication at school as stated in the Lancaster's City School Board's policy JHCD, adopted March 11, 1999.

In your child's best interest, the school office, school nurse, school health assistant, and classroom teacher must all be informed of your child's special condition. The needed information is outlined on the attached form.

Please complete, along with your licensed medical provider, a copy of the attached form and return it to the school office whenever your child must have someone at school give him/her medication at school. Every item must be answered completely for the school to be authorized to administer the prescribed medication. Additional forms will be available from the school clinic or on the district's website whenever you need them.

If these arrangements are not made, then you will have to make other arrangements to have someone come to school to give your child the needed medication.

The prescribed medication(s) must be received at school in the container in which it was dispensed by the licensed medical provider or licensed pharmacist showing the drug store's name, the child's name, the physician's name, the name of the drug, strength and directions for usage. If the physician gives samples of a medication, he/she must indicate directions on a prescription blank for school officials, including the child's name, name of the drug, the strength of the drug and the directions for usage.

The parent must agree to submit a revised statement signed by the physician if the previously provided information changes.

A student may possess and self-administer a metered dose inhaler or dry powder inhaler to alleviate asthmatic symptoms upon written approval of the student's physician. A student may also possess and self-administer an epinephrine autoinjector to treat anaphylaxis upon written approval of the student's-licensed medical provider. The licensed medical provider's approval must include a number of specific items that must be provided by law as indicated on the attached form. If the student is a minor, the written approval of a parent is also required. The school principal and school nurse must receive such written approval prior to the student possessing the inhaler or epinephrine autoinjector.

Sincerely,

Principal

School Phone Number & Fax Number

(Approval date: March 28, 2023)
Lancaster City School District, Lancaster, Ohio



ADMINISTERING MEDICINES TO STUDENTS
(Authorization for Dispensing Medication)

Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

To Be Completed By Parent or Guardian:

I request that my child, _____, date of birth, _____ grade, _____ receive the medication as prescribed by our licensed medical provider in the form below. The medication is to be furnished by me as required by Board policy. I hereby request and give permission for school district personnel to administer this prescribed medication to my child in accordance with the specific written order from our medical provider provided below. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested. I further understand that the school nurse or other designated person will administer the medication. I agree to submit a revised statement signed by the licensed medical provider if the previously provided information changes.

Signature (Parent or Guardian) _____

Phone Number (Home) _____ (Work) _____

Address _____

School _____ Homeroom Teacher _____

Date _____

To Be Completed By Licensed Medical Provider:

I request that my patient receive the following medication:

Name of student _____ Diagnosis _____

Name of medication _____

Prescribed dosage and means of administration _____

Time to be taken during school hours _____

Date the administration of drug is to begin _____ Expected duration of treatment _____

Possible side effects and adverse reactions _____

Any special instructions for the administration of the drug, including sterile conditions and storage

Licensed Medical Provider Signature _____ Phone Number _____ Date _____
