

Newberry Academy

Administration of Medication to Students

The following policies and procedures are intended to protect the safety of all students and to ensure NA's compliance with applicable state and federal laws and with standards established by the National Association of School Nurses, Inc., regarding the administration of medications to students by school personnel.

1. **Students' "Self-Medication" Prohibited.**

A student may not have medications of any kind in his/her possession at school. Exceptions are granted for use of asthma inhalers, as recommended by the physician or parent(s).

2. **No Medication Provided by NA.**

In compliance with applicable regulations, Newberry Academy will give to students only those medications provided to the school by the student's parents or guardians. **THIS INCLUDES** Tylenol, Ibuprofen, and other over-the-counter medications.

3. **Authorization for Administration of Medication Form**

Medicines - prescribed or "over-the-counter" - may be administered to a student by NA personnel only if the school has on file a completed *Authorization For the Administration of Medication to Students* form containing the following:

- Student's name, date of birth, known allergies, and grade level
- Medication information
 1. Medication name and purpose
 2. Starting and termination dates, dosage, time(s) of administration
 3. Parent's/Guardian's signature on Hold Harmless Agreement, stating their approval of administration of the medication by a NA staff member.
- * Prescription medications required for more than a two week period require the signature of the prescribing physician. Medications prescribed up to three times daily should be given at home.

4. **Medications in Its Original Container**

Prescription medicine containers must be properly labeled by the registered pharmacist. (The label should list appropriate instructions and cautions by the prescribing physician.)

"Over-the-counter" medications must be sent to school in their new, original containers and must be accompanied by a completed *Authorization of Administration of Medication to Students* form.

5. **Information About Changes in Medications or in the Student's Health**

The student's parent/guardian is solely responsible for informing the main office of NA of any changes in the student's health or in the student's medication requirements.

6. **Maintenance of Medications**

The NA main office and administration will maintain all medications in a secured storage cabinet and will keep records of all medication administration. Any unused medications will be returned directly to the parent or properly disposed of (at the end of the school year). It is the parent's responsibility to maintain a sufficient supply of medication at the school. The main office will attempt to notify parent's when medication supplies run low.

Authorization for Administration of Medication to Students

Student Information:

Student Name: _____

Date of Birth: _____

Known Allergies: _____

Grade Level: _____

Medication Information

OVER-THE-COUNTER (NON-PRESCRIPTION) MEDICATION My child has my permission to take the following over-the-counter medication(s) for the reason(s) indicated:

Name of Medication: _____

Dosage: _____

May be given for: (headache, etc.) _____

Name of Medication: _____

Dosage: _____

May be given for: _____

PRESCRIPTION MEDICATION. Please include information on inhalers for asthma and Epipens. My child is to take the following prescription medication at school:

Name of Medication: _____

Dosage: _____

Time(s) medication is to be administered: _____

Termination date of medication administration: _____

Physician's name and phone number

Physician's signature (REQUIRED when medication is prescribed for longer than two week period)

HOLD HARMLESS AGREEMENT: By signing below, the student's parents or guardians acknowledge and agree that Newberry Academy is hereby providing for the administration of medication to the student only as a courtesy and a convenience to parents. The parents or guardians hereby agree to hold harmless Newberry Academy and its employees from any consequences resulting from such provision of medication.

Parent/Guardian

Signature: _____ Date: _____