

Medication Guidelines for USD #475 Secondary Schools

Fort Riley Middle School, Junction City Middle School, Junction City High School

When possible, medication should be administered at home using a schedule that will not require doses during school hours. However, school personnel will cooperate with parents in circumstances where it is necessary for a student to take **prescription or over-the-counter medication** during the school day.

Prescription medication must be sent to school by the parent or guardian in the original pharmacy container with the pharmacy label. The student's name, name of the medication, dosage, date and physician's name must be clearly noted on the label. Any change in time or dosage of medication requires a new prescription from the physician.

Over-the-counter medication must be sent to school by the parent or guardian in the original container, marked with the student's name. Only the instructions on the container will be followed (instructions on container must be readable) unless a physician provides alternative instructions.

The following procedures must be followed for medication to be dispensed:

1. The parent or guardian must provide all medications to be administered at school.
2. A medication permission form signed by a parent or guardian must be on file at the school.
3. The first dose of medication must be given at home.
4. All medication must be kept in the health room. It is the student's responsibility to come to the health room for assistance in taking medication.
5. It is recommended that medication that is a controlled substance (Ritalin, Adderall, etc.) be brought to school by the parent or guardian (maximum amount-30 pills or one month supply).

Permission Form for Dispensing Prescription or Over-the-Counter Medication

Student Name: _____ Grade: _____ Team: _____ ID# _____

Name and Dosage of Medication: _____

Time and Duration of Administration: _____

Reason for Medication: _____

Permission/Release Statement to be completed by Parent or Guardian

I hereby give permission for designated school personnel to dispense the above named prescription or over-the-counter medication to my child, named above. I certify that he/she has previously had at least one dose of the medication and did not have an adverse reaction from it. I understand that any school employee who administers this medication to my child in accordance with the written instructions from the medication label shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug or because of a mislabeled or altered product. For prescription medication, I hereby authorize a USD #475 school nurse to exchange information with the prescriber and with the pharmacy identified on the affixed pharmacy label.

Date

Signature of Parent or Guardian