

**Elmont Union Free School District
Elmont, New York**

WELFARE
ADMINISTERING MEDICATIONS TO STUDENTS

5283(a)
STUDENTS

Dear Parents:

Each year our school nurses receive requests from parents to administer medication to students during school hours.

Medication can be given to a student by designated school personnel (nurse and/or classroom teacher.) A request from a parent or guardian must be received by the school nurse on the designated district form.

The following procedure must be implemented:

1. A request from a parent or guardian must be received by the school nurse on the completed designated district form.
2. The student's licensed health care prescriber shall provide written orders detailing diagnosis, dosage of medication, time(s) to be administered either on the district form or on the health care prescriber's stationery. Over the counter patent remedies (including Tylenol and cough medicine) cannot be administered by school personnel without a written order from the health care prescriber.
3. The parent or a designated adult shall deliver the medication to the school health office in a container appropriately labeled by the pharmacy or health care prescriber.
4. If medicine needs to be returned home, the parent or a designated adult must make arrangements to pick up the medication.
5. The parent may administer the child's medication in the nurse's office.
6. If untoward effects of medication are noted, medication will be stopped and the parent or guardian notified.

Regulation

Adopted: 3/19/86

Amended: 1/18/95, 6/21/05, 10/18/05

**Elmont Union Free School District
Elmont, New York**

5283(b)

REQUEST FOR STUDENT TO TAKE MEDICATION IN SCHOOL

A. PERMISSION TO ADMINISTER MEDICATION:

I am the parent/guardian of _____, grade _____. I request that my child receive the medication as prescribed below by our licensed health care prescriber, during the school day. I will furnish the medication in the properly labeled original container from the pharmacy. I understand that the school nurse will administer the medication or an adult will supervise my child taking his/her own medication. I give permission for my child's medication to accompany him/her on a field trip. Medication can be given during current school year and summer school.

Signature (Parent or Guardian): _____

Telephone Home: _____ Work: _____ Cell: _____

Address: _____ Date: _____

B. MEDICATION ORDER:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ Date of Birth: _____

Diagnosis/Reason for Giving: _____

Name of Medication: _____

Dosage: _____ Frequency: _____ Route: _____

Time to be taken in during school hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reaction (if any):

Other Recommendations:

Please Check Medication to be administered in Summer School following the current school year.

If Needed: Medication is not required on Field Trips **OR** Medication is required on Field Trips

Print Licensed Prescriber/Title: _____

Prescriber's Signature: _____ Date: _____

Address: _____ Telephone: _____

**PLEASE INCLUDE OFFICE
STAMP AND SIGNATURE**