

MEDICATION POLICY

The West Carrollton Board of Education has adopted a policy as required by law (O.R.C. 3313.713 whereby designated school personnel will administer prescribed oral medication as indicated by a licensed physician or dentist. Oral medication refers to medication in pill and/or liquid form. The schools will not assume the responsibility for administering injections, applying ointment or changing dressings. With specific physician orders we will store and administer epi pens, migraine treatment ointments, and blood sugar checks. THE SCHOOL DISTRICT STRONGLY RECOMMENDS THAT MEDICATION BE SCHEDULED BY THE PARENTS AND PHYSICIANS SO STUDENTS DO NOT HAVE TO TAKE MEDICINE DURING THE SCHOOL DAY. However, school personnel will administer prescribed drugs after receiving a two-part form ("Request for the Administration of Prescribed Oral Medication at School") that has been completed and signed by both the prescribing physician and the parents.

A copy of the two-part request form is attached. Please feel free to make copies of this form for your own use or you may pick up additional copies at any of the West Carrollton School buildings. The new law does require all of the information in Part I (physician's section) of the form and the parent section in Part II to be completed. School personnel are not allowed to give any medication without first having received this completed form. Your assistance in helping us follow the law and serve your children is greatly appreciated.

The medication policy approved by the Board of Education includes several other matters of interests to you. Your familiarity with these concerns will make it easier for you and the school.

- 1. A medication administration request form is good only during the school year the form is submitted. If the medication is continued to the next school year, another form must be submitted.
2. If the attending physician or the medication is changed in any way (dosage, schedule, etc.), a new request form must be submitted.
3. Any medication to be given by school personnel must be in the original container as provided by the licensed physician, dentist, or pharmacists. The label is to include name of student, physician, current date, dosage instructions (quantity and times to be given) and name of medication.
4. All medication is to be stored in the school office unless otherwise authorized by the principal.
5. Over the counter medications such as Aspirin, Tylenol, Midol, etc. will be given only if prescribed by a physician or dentist and accompanied by the attached form.

If you have any questions or concerns regarding the policy and/or procedure, please contact the school nurse, clinic aide, or the building principal. Thank you for your understanding of this situation and for helping us follow state law.

ONE FORM FOR EACH MEDICATION

MEDICATION POLICY

School year _____

REQUEST FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION AT SCHOOL

THE O.R.C. 3313.713 states that school personnel are not legally obligated to administer medication, however, the West Carrollton Board has adopted a Medication Policy following the guidelines outlined in the law. In accordance with these guidelines the parent, guardian or other person having care or charge of the student must submit a revised statement signed by the physician who prescribed the drug, to the school office if any of the information provided by the physician's statement changes. Person(s) authorized to administer medication for this student are school nurse, clinic aide, principal, secretary, student's teacher, or teacher's aides.

NOT ACCEPTABLE UNLESS BOTH PART I AND PART II ARE COMPLETE

Part I - To be completed by the PHYSICIAN

Name of Student _____ School _____ Grade Level _____

Address _____

Medication _____ Dosage _____ Hour(s) _____

Possible side effects to watch for _____

Date the administration of the drug is to begin _____

Date the administration of the drug is to cease _____

Physician's Signature _____ Date _____ Office Phone _____

Part II - To be completed by PARENT or GUARDIAN

The parent or guardian who has custody must sign this release. If the student is in a foster home and placement is by an agency that holds custody, the agency must sign.

I, the undersigned parent or guardian, request that medication be given to my child in accordance with the instructions of our physician.

Further, I, the undersigned, agree to bring the medication to school in a container from the physician or pharmacist properly labeled by same. This label is to include name of student, physician, date, dosage instructions (quantity and times) and name of medication. I understand that medication will be given only if in a properly labeled container as stated above. Over-the-counter prescribed medication must also be delivered in the original container.

Signature _____ Date _____

Home phone _____ Work phone _____

e-mail address _____