

**Prescription Medication Form/Physician's Order (To Be Completed By Physician)**

Student Name: \_\_\_\_\_ Name of Medication: \_\_\_\_\_  
 School: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ **Reason for Medication:** \_\_\_\_\_  
 DOB: \_\_\_\_\_ Date of Start of Order: \_\_\_\_\_ Date Order Expires: \_\_\_\_\_  
 Medication/food Allergies: \_\_\_\_\_ Dose/ Strength: \_\_\_\_\_ Route: \_\_\_\_\_  
 Expiration Date on Medication: \_\_\_\_\_ **Time/PRN:** \_\_\_\_\_ Frequency of Medication: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_  
 Possible Side Effects: \_\_\_\_\_ This student may carry & self administer medication\* \_\_\_\_\_ *Physician Initial*

*Parent's Signature*

*Date*

*Physician's Signature*

*Date*

**Medication Record/Administration (For School Use Only)**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																															
September																															
October																															
November																															
December																															
January																															
February																															
March																															
April																															
May																															
June																															

Name/Position \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Initials \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CODES (Use for unusual situations)  
 —: Weekend/Holiday F: Field Trip  
 A: Absent ED: Early Dismissal  
 N: None Available O: Omitted  
 R: Refused D/C: Discontinued  
 (Chart Reason)

Physician's Office Stamp

## MEDICATION INFORMATION AND PROCEDURES

The taking or administering of medication during school hours is discouraged. Ideally, all medications should be given at home. If a student is to receive medications for a period of time, arrangements should be made to have it administered either before or after school hours whenever possible.

However, it is understood that certain students with chronic disabilities or illnesses may require medication if they are to remain in school. To facilitate that end, students should have medication available and administered in a manner compliant with Health Services school policy.

1. No medication (prescription or over-the-counter) will be administered in school or during school sponsored activities without a written physician order and parent/guardian authorization.
2. The parent/guardian is responsible for obtaining the physician's order. The health assistant or medication assistant will ensure that all items on the form are completed. The attached medication form/physician's order is preferred.

A physician may use office stationary/prescription pad instead of completing the attached form. The physician must sign the order form. Stamps will not be accepted unless co-signed by a registered nurse. Information necessary include:

Student name	reason for medication
Date of medication order	length of time medication to be administered
Medication name	side effects
Dosage/strength of medication	physician signature
Route of administration	expiration date of order
Time/frequency of administration	

3. Occasionally students may need to carry medication such as inhalers or emergency kits. A written physician's order must be on file in the office for any student who carries medication (on their person) throughout the school day. The order must specifically state that the student may carry the medication.
4. The medication must be hand-delivered to the school by the parent/guardian or, under special circumstances, an adult designated by the parent. Students should not transport medication to or from school.
5. All medication must be properly labeled and consistent with the physician order. Pharmacy containers and labeling are required; a second labeled container can be obtained by asking the pharmacist. Parents must label over-the-counter medication. Physician samples must be appropriately labeled by the physician or parent/guardian. The following information must be provided on the label:

Name of student	time/frequency of administration
Date of order	route of administration
Medication name	physician name
Dosage/strength of medication	expiration date of medication

6. The first dosage of any new prescription must be given at home.
7. No medication will be continued beyond the school year in which it is ordered.
8. The parent/guardian is responsible for submitting a new physician's order form to the school each time there is a change of dosage or time of administration. The parent provides medication for as long as it is prescribed.
9. All medication kept in the school will be stored in a locked area accessible only to authorized personnel.
10. One week after expiration of the effective date on physician's order, the parent/guardian must personally collect unused portion of the medication. Medication not claimed within that period will be destroyed.
11. School staff will maintain each student's confidentiality. At times, school personnel outside of the health services program may need to be made aware by health services staff that a student is receiving medication in order to monitor effectiveness, side effects, adverse reactions, etc.
12. Riverdale Baptist School does not assume responsibility for medication not prescribed by a physician or medication administered by the student himself/herself.
13. In no case may any school staff member administer any medication, even Tylenol, outside the framework of the procedures outlined above.