

Bristol Township School District
School Medication Policy

1. **All medication must be kept in the Health Office.** No medication may be kept in a locker or book bag except for specific students with special circumstances. In these specific cases, the parent and the Certified School Nurse will give written permission.
2. **All prescription medication must be in the original container** with a pharmacy label that has name of student, name of drug, dosage and time to be administered clearly written.
3. **All prescription medication must be accompanied by a signed physician prescription that includes the office stamp and parent note stating the time the medication is to be given, the dose, and the number of days to be taken.**
4. **The parent or a responsible adult should bring in any medication that is considered a controlled substance.**
5. **No Over the Counter medication (OTC)/ non-prescription medication will be administered without written parent permission.** This includes but is not limited to lactose products, vitamins, and antacids. Dosage will be given according to the direction of the parent but will not exceed label recommendations.
6. **Epi-Pens, Inhalers, Nebulizer medication, Diabetic testing equipment and insulin require a conference with the Certified School Nurse to establish the appropriate protocol. The parent is responsible for providing the necessary supplies.**
7. **It is recommended that the exact amount of medication needed for the number of days it is to be taken during school be sent into the health office in the appropriately labeled container.** The pharmacist can be asked to provide an appropriately labeled container for school.
8. **It is the parents' responsibility to monitor when refills are needed of any medication taken during the school day. At the end of the school year any medication not picked up will be discarded**
9. **Every effort should be made to schedule medication around the school day.** For example some antibiotics that are to be taken 3 times a day and could be taken, before school, after school and at bedtime. Please discuss this with your medical provider.
10. **Parents who wish to administer medication themselves to the student during the school day are requested to do so in the Health office.**

Bristol Township School District
School Medication Dispensing Form

Medication will be administered only when such medication is needed by the student to remain safely in school.

All medications both prescription and over the counter must stay in the health office. All prescription medication must **HAVE WRITTEN AUTHORIZATION FROM BOTH THE PARENT AND PHYSICIAN. NO MEDICATION WILL BE GIVEN WITHOUT COMPLETION OF THIS FORM.**
All medication must be in a properly labeled container.

TO BE COMPLETED BY PRIMARY CARE PROVIDER

Student Name _____ Date of Birth _____

School _____ Grade _____

Name of Medication _____

Diagnosis _____

Dosage: _____ Time to Administer _____

Duration: _____ Daily
 _____ PRN

Possible Side Effects of Medication _____

Special Considerations _____

It is my understanding that the employees of Bristol Township School District charged with the administration of this medication during the school day will rely on the directions contained in this document. I further certify that I am the primary care provider of the above named student.

Signature of Primary Care Provider: _____

Printed Name of PCP _____

Address: _____

Phone: _____ Fax: _____

TO BE COMPLETED BY PARENT OR GUARDIAN

As parent/guardian of the above named student, I hereby request that the medication described above be administered to my child and release the Bristol Township School District and its employees from liability for any damages my child may suffer as a result of this request.

Signature of Parent/Guardian: _____ Date: _____

Telephone (H) _____ (W) _____