



## ADMINISTRATION OF MEDICATION AT SCHOOL DURING SCHOOL HOURS

**The following regulations and procedures will be followed when it is necessary for students to take medication at school:**

1. A school nurse, health technician, or any other school personnel, **may not** dispense any medication, whether prescription or over-the-counter, to a student **without a doctor's order**.
2. Medications, prescriptions and over-the-counter, ordered by a physician and accompanied by the appropriate written statement from the parent/guardian and physician may be administered at school.
3. Medication shall be administered by the health technician, school nurse, administrative staff, or designee.
4. Medications are to be supplied by the parent/guardian in the original pharmacy prescription bottle or original container labeled with the student's name, the amount of the medication, amount of dosage, and time of administration.
5. Medication is to be stored in the health office in a locked facility or under required refrigeration. The only exceptions are those situations in which a student requires immediate medication for treatment of emergency or unusual medical conditions (i.e., severe bee sting allergy, asthma, etc.). Students will be granted a waiver to carry the medication on their person only with a signed doctor's order that it is absolutely necessary to do so. The doctor's order will be countersigned by authorized school personnel and carried with the medication. Such medication must be carried on the student's person when on the school grounds. This emergency medication is not to be left in the lockers, purses, book bags, or other places where other students may have access to it. The parent/guardian and student will establish a system of notifying school personnel of the frequency of the medication's usage.
6. At the end of the prescribed time period, or school year, parents/guardians will be notified to reclaim unused medication. With parent/guardian permission, the medicine will be sent home with the student. All unclaimed medication will be destroyed at the close of the school year.
7. Prescribed medications which continue into a new school year require renewal by completing new parent/guardian and physician request annually.
8. When students bring unauthorized medication to school, it will be retained in the office until parents/guardians have been notified about procedures for medication at school and the requirements are fulfilled. The medication may be sent home at the end of the day or destroyed if no arrangements are made.
9. The proper authorization form must be completed prior to administration by school personnel.
10. A list of students receiving medications at school, including name of medication, time and dosage will be maintained in the office. Time given and the initials of the person administering the medication will be noted each time the medication is given.
11. Each year employees designated by the administration shall receive training from the school nurse/health technician on the administration of the medication.



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**PARENT AND PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ Cell \_\_\_\_\_  
 Teacher \_\_\_\_\_ Home \_\_\_\_\_  
 Grade \_\_\_\_\_

**PARENT AND PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

The law allows any person to assist in carrying out a physician's recommendation. The school recognizes the desirability of following a physician's recommendations as closely as possible at school, just as does a parent at home or any other person (not necessarily a nurse) if the physician requests assistance. The fact that this is a service or accommodation is recognized by all parties signing this form, and in so signing, agree to hold Oxford Preparatory Academy, its officers, employees, or agents harmless from all liability, suits, or claims of whatever nature or kind that might arise out of these arrangements.

I hereby authorize an exchange of information between the school nurse, health technician and the physician listed below regarding the prescribed medication. At school, I request that medication be administered to my child:  
 (Name of Student) \_\_\_\_\_ by a member of the school staff, in accordance with the physician's written instructions. I will notify the school immediately if we change physicians or if the medication schedule, dosage, or type is changed.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT AND PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION**

Diagnosis/Reason for medication \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose/How administered \_\_\_\_\_ Time \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose/How administered \_\_\_\_\_ Time \_\_\_\_\_  
 Medication \_\_\_\_\_ Dose/How administered \_\_\_\_\_ Time \_\_\_\_\_

Date to discontinue medication \_\_\_\_\_  
 Notify physician of the following side effects \_\_\_\_\_  
 Disposition of pupil following administration of medication, i.e., rest, home, doctor's office, hospital, return to class \_\_\_\_\_  
 The medication may be administered by non-licensed personnel whenever necessary.  
 Physician' name (printed) \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR SCHOOL USE ONLY**

Date	Medication or Supplies	Amount Received (Count Together)	*Signature of Parent/Guardian	Signature of receiver