



## Medication Authorization Policy 2011-2012

Parents are encouraged to schedule dosages so their children receive their medication at home whenever possible. The staff of James River Day School does recognize, however, that at times it may be necessary for students to have medication administered during school hours in order to comply with dosage requirements. All medication, whether prescription or non-prescription, will be administered from the school office. **Your child is responsible for coming to the office to receive the medicine at the correct time.** In order to safely give medicine to those children who need it while at school, the school must have certain requirements met. Those requirements are listed below. Please read them thoroughly.

1. **A Medication Authorization form signed by a parent/guardian must be on file.** Forms are available at school. A new authorization form must be completed at the beginning of each school year for ongoing medication.
2. **The medication must be sent to school in the original bottle** properly labeled with the child's name, name of the medicine, doctor's name (in the case of prescription medication), dosage instructions and any necessary dosing instrument. If necessary, ask your pharmacist to prepare a separate bottle for the doses of prescription medications that will be given at school. When tablets must be divided, please ask your pharmacist to divide them so the proper dosage can be given. **NO over the counter medication will be administered unless a Medication Authorization is signed by the student's parent/guardian and delivered to the school and the medicine is received in the original container.**
3. In the case of prescription medication, **your child's physician must provide signed, written orders detailing the name of the drug and dosage time.** There is space provided for this on the Medication Authorization form.
4. **Routine injections will not be administered by school personnel** (e.g. insulin).
5. **Your child is responsible for coming to the office to receive medication at the correct time.**
6. **Medication should be brought to school by a parent or guardian.** Please do not have your child bring the medication to school. It could be lost or fall into the wrong hands.
7. **Whenever medication is discontinued you must send written instructions to the school. Changes in dosage of a prescription require a written & signed order from the physician.**
8. **Medication not retrieved by the end of the school year will be discarded two (2) weeks after the last day of school.**

If you have any questions regarding this policy or any concerns, please don't hesitate to call the school. We will be happy to help you.



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**Please fill out and sign a separate form for each medication and for each child.**

**Please print clearly.**

Student's name: \_\_\_\_\_

Grade: \_\_\_\_\_ Advisor/Homeroom teacher's name: \_\_\_\_\_

Student's home address: \_\_\_\_\_

Date of physician's order (for prescription medications only): \_\_\_\_\_

Duration of order: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

Dosage instructions (including times to dispense): \_\_\_\_\_

Possible side effects, special instructions, or precautions: \_\_\_\_\_

Name of prescribing physician (please print): \_\_\_\_\_

Telephone number of prescribing physician: \_\_\_\_\_

Physician's signature (for prescription medication only): \_\_\_\_\_

I hereby give my permission for (insert student's name) \_\_\_\_\_  
to take the above medication at school as ordered. I understand that it is my responsibility as a  
parent/guardian to furnish this medication and bring it to school for my child.

I hereby request that my child (named above) be given the above medication while in school and  
away from school for official activities. I understand that non-medical personnel will administer  
the medication. I give my permission for appropriate school personnel to communicate with my  
child's physician and/or pharmacist in matters related to medication and health supervision. I  
understand that medication administration will not begin until this form is on file and personnel  
have received instruction concerning the administration of medication. I understand and agree  
that James River Day School, its officers, agents, and employees are not responsible for any effects  
of the medication administered.

In understand that I must notify the school in writing of any changes in my child's condition,  
medication, or dosage. I further understand that I am responsible for ensuring that medication  
safely arrives at school by a designated adult and for getting refills of the medication as indicated.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home telephone and work telephone numbers: \_\_\_\_\_