

# **SPIRO PUBLIC SCHOOLS**

## **Procedure for Medication Administration**

If it is necessary that a medication be given during school hours the following requirements must be met:

- Medication will not be administered in school or during school-sponsored activities without a Medication Request and Release Form being signed by legal parent or guardian.
- Prescription medication must be ordered or advised by a licensed physician/dentist, and *permission is granted* for exchange of verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication.
- Prescription medication must be brought to school in the current original container with pharmacy label intact. The label must have the student's name, name of medication, dosage, and time to be given. If the medication is not properly labeled, it will not be given.
- Parents/guardians may ask the pharmacist for a separate container labeled just for the school time dose.
- **Over-the-counter medications must be in an unopened original container.** Student's name must be written on the box/bottle, the dosage and frequency to be given must be consistent with label instructions.  
\*\*Medication cannot and will not be accepted in baggies or envelopes!
- For student's safety, it is recommended that the parent/guardian bring the medication to the school.
- The school cannot send medications home with students.
- At the end of the school year any remaining medication must be picked up by the parent/guardian or it will be destroyed.
- By signing the Medication Request and Release Form, the parent/guardian with legal custody understands that under state law the Board of Education, the Spiro Public School District, or employees of the District shall not be liable to the student or the student's parents or guardian for civil damages for any personal injuries to the student which result from acts of omissions and/or adverse effects of this medication.
- The parent/guardian agrees to provide medication and any particulars connected with administering medication at their own expense.
- The parent/guardian will promptly notify the school of any change in the administration of this medication and will provide the school with new prescription bottle and physician order. Written or verbal changes from parent/guardian cannot be accepted.
- The parent/guardian will notify the school of any physician change and obtain a new written prescription.

# SPIRO PUBLIC SCHOOLS

Student: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

## OVER-THE-COUNTER MEDICATION

## TO BE COMPLETED BY THE PARENT

Fill out and return to school with a **New Unopened Container** of age and dose appropriate medication

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Purpose: \_\_\_\_\_ Time(s) to be administered: \_\_\_\_\_

Dates to be given: \_\_\_\_\_ Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

## PRESCRIPTION MEDICATION

## TO BE COMPLETED BY THE PHYSICIAN

Spiro Public School discourages the administration of medication to students in school if possible. This form will only be valid for the current school year. A new form is required yearly.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

Medication: \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Trade Name and/or Generic

Dosage: \_\_\_\_\_ Time(s) to be given at School: \_\_\_\_\_

Method of administration: ORAL  Liquid  Tablet  Inhaler  DROPS  Eye R L  Ear R L  
TOPICAL  apply where \_\_\_\_\_ OTHER  \_\_\_\_\_

Effective Dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Possible Side Effects: \_\_\_\_\_

If medication is PRN (as needed), please specify: \_\_\_\_\_

Can Medication be Repeated?  Yes  No <sup>Signs and Symptoms</sup> How Many Times? \_\_\_\_\_  
Frequency of Administration

Physician's Name (Please Print)

Physician or Representatives Signature

Physician's Phone

Date

## **\*\* SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION AUTHORIZATION/APPROVAL**

Provisions under 70 O.S. 1984, Section 1-1163, allow students to self administer prescribed asthmatic, diabetic, or allergic medication. Approval to self administer medications must be authorized by the prescribing physician. **The parent or guardian of the student is to provide the school an emergency supply of the student's medication.**

I have instructed \_\_\_\_\_ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration of the medication and should be allowed to carry and use that medication by himself/herself.

Physician's Signature

Date

## TO BE COMPLETED BY THE PARENT/GUARDIAN

I have read the procedure for medication administration (on the reverse side of this form) and I hereby request and authorize Spiro Public School personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Spiro Public School and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering medication to this student. **I understand that permission is granted for exchange of verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication**

Signature of Legal Parent/Guardian

Date

Contact Phone