HOWARD GARDNER

Medication Administration in School

The parent/guardian of _____
(Child's name)

ask that the school nurse administer or principal/principal's designee observe self-administration of the following medicine(s):

_____

_____
(Name of medicine and dosage)

At the following time(s)_____

- **Prescription Medications** must be delivered to the school by the parent/guardian and be in the original container labeled with the name of the medicine, time medicine is to be given, dosage, date the medication is to be stopped, and the licensed health care provider's name. The pharmacy name and phone number must also be included on the label.

- **Over the Counter Medications** must be labeled with the child's name. The medication dosage must match the signed health care provider's authorization and it must be delivered to the school by a parent/guardian in the original package.

By signing this document, I give my permission for my child's health care provider to share information about the administration of this medication with the school nurse, principal, and/or principal designee.

_____ _____
Parent/Legal Guardian's signature Date

HOWARD GARDNER

Health Care Provider Authorization to Administer Medication in School

Child's Name:_____ D.O.B:_____

Medication:_____

Dosage:_____Route_____

To be given at the following time(s):_____

Special Instructions:_____

Purpose of this medication:_____

Side effects that need to be reported:_____

Starting Date:_____ End Date:_____

_____ _____

(signature of health care provider) (license number)

_____ _____

(phone number) (date)

1615 E. E. Elm Street Scranton, PA 18505 Tel: (570) 941-4100
www.howardgardnerschool.com

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MEDICATION POLICY

It is the policy of the Howard Gardner Multiple Intelligence Charter School that both prescription and non-prescription medication is given before or after school hours whenever possible. If it is necessary that medication be given during school hours, the following procedure must be adhered to.

1. The school nurse must be contacted either by phone or a visit to the school to discuss the child's medication.

2. A consent form for medication administration must be completed by the parent or guardian and returned to the school nurse.

3. A consent form for medication administration must be completed by the child's physician and returned to the school nurse.

4. The above consents must be received prior to the nurse being able to administer any medications.

5. Any medication MUST be delivered to the school by an adult. The medication must be in the original pharmacy container. A maximum of a 30 day supply of medication may be kept in the nurse's office at any one time for non-controlled substances. A maximum of a 14 day supply of medication may be kept in the nurse's office at any one time for controlled substances, for example certain ADHD medications. When a medication that is classified as a controlled substance is brought in the medication must be counted by the school nurse; principal; or his/her designee and the child's parent/guardian or parent designee prior to the parent/guardian or designee leaving the school building.

6. Non prescription medications (over the counter medications) also require a parent or guardian consent form along with an authorization form from the child's physician. Non-prescription medications must be brought to school in the original container and labeled with the child's name and dose.

7. All medication must be stored in the health room. Exceptions to this will be made for asthma inhalers and Epinephrine auto injectors.

8. Any changes in type or dosage of medication must be reported, in written form, to the school nurse immediately.

HOWARD GARDNER

9. Medication requests must be renewed yearly. This includes both the parent/guardian form and the physician form.

10. All medications must be picked up by an adult at the end of the school year.

11. Cough drops may be self administered with no physician order. A note from a parent/guardian is required in order for the child to use cough drops. The only acceptable cough drops with parental /guardian consent are those cough drops with "SUGAR" or "PECTIN" as the active ingredient listed on the package. Any cough drop or throat lozenge containing menthol, eucalyptus, cough suppressant, or herbal ingredient must be accompanied by a physician's order and parental consent. Examples of these types of cough drops include NICE, Sucrets, Halls, etc. The consent form for such cough drops/lozenges is valid for only a two week period.

12. Non-compliance with this medical policy will result in non-administration of medication.

In the event that the school nurse is unavailable to administer the medication, the student, with approval of the parent will self-administer the medication under the observation of the principal or his/her designee. If the parent does not approve of self administration by the student, the parent or the parent's designee will need to administer the medication at school.

HOWARD GARDNER

PERMISSION TO CARRY ASTHMA INHALERS AND EPINEPHRINE AUTO INJECTORS AND PERMISION TO SELF ADMINISTER

The parent/guardian of _____ (Child's name)

give permission for my child to carry and self administer the following medication(s):

_____

_____

_____

(Name of medicine and dosage)

At the following time(s) _____

As the parent/guardian of the above named child I relieve Howard Gardner Multi Intelligence Charter School and all employees of any responsibility for the benefits or consequences of the prescribed medication. I also acknowledge that the Howard Gardner Multi Intelligence Charter School will bear no responsibility in ensuring that the medication is taken. I understand that carrying an asthma inhaler or epinephrine auto injector is a privilege for my child. The loss of this privilege will be enforced if the school policy pertaining to such self administration is abused and/or ignored.

By signing this document, I give my permission for my child's health care provider to share information about the administration of this medication with the school nurse.

_____ _____

Parent/Legal Guardian's signature Date

HOWARD GARDNER

HEALTH CARE PROVIDER AUTHORIZATION TO CARRY AND SELF ADMINISTER ASTHMA INHALERS AND/OR EPINEPHRINE AUTO INJECTORS

Child's Name: _____ D.O.B.:_____

Medication: _____

Dosage: _____Route_____

To be given at the following time(s):_____

Special Instructions: _____

Purpose of this medication:
_____

Side effects that need to be reported: _____

Is the child qualified and able to self administer the medication: _____Yes _____No

Starting Date: _____ End Date: _____

_____ _____
(Signature of health care provider) (License number)

_____ _____
(Phone number) (Date)

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