



## School Health Services

Dear Parent/Guardian:

Occasionally it may be necessary for a student to take medication (prescription or non-prescription) during the school day. Every effort should be made to administer medications at home, before and after school hours. However, this may not always be realistic or practical. School nurses are responsible for the management and supervision of medication administration to students per guidelines set forth by the NYS Education Department.

Prescription medications are defined as drugs requiring a written order for dispensing signed by a licensed prescriber. Nonprescription drugs are medications purchased over the counter (OTC) without a prescription. In the school setting, medications are defined as prescription medications and nonprescription medications. Regardless of whether it is an OTC or prescription medication, the guidelines for school administration are the same.

As of 9/2002, in order for a school nurse to administer any "over the counter" medication to an individual student, **a written signed order is required from his/her licensed prescriber** such as a doctor, dentist or nurse practitioner. There are no longer any exceptions for such OTC medications as Tylenol (Acetaminophen), Advil & Motrin (Ibuprofen), Calamine lotion, antibiotic creams and ointments, cough medicines, decongestants, antihistamines, antacids, medicated throat lozenges, etc. ALL medications (prescription and "over the counter") which a school nurse is requested to administer to an individual student must have a written signed order as well as a signed permission from the parent/guardian. This strict requirement is mandated to all New York State schools by the New York State Board for Nursing.

Parents are responsible for complying with the following guidelines set forth by the NYS Education Department which enables the nurse to administer medications to students.

- Provide the school nurse with a signed written authorization from the licensed prescriber which includes the name, dosage, route, frequency and time of the medication. It must also include the reason for the medication and any possible side effects.
- Provide the school nurse with a signed written authorization from the parent or guardian for each medication the licensed prescriber has requested.
- All medication must be delivered to the nurse's office by an adult, in the original pharmacy or store container. (A second pharmacy labeled bottle is necessary for field trips.)
- Each medication and any change in medication (dosage, frequency etc.) must be accompanied with a new authorization from the licensed prescriber and parent/guardian.
- All medications have to be kept in the nurse's office and administered under the supervision of the school nurse.
- A special authorization from the licensed prescriber and parent/guardian is required for any student who needs to carry and self-administer a medication such as an inhaler or an epi-pen.
- Authorization forms can be obtained from the school nurse.
- Medications must be picked up from the nurse's office at completion of classes each June by an adult.
- We hope that these guidelines will help us all to comply with the expectations of the New York State Education Department regarding medication administration in school. At any time if you have questions regarding these guidelines please call the school nurse.



**MEDICATION AUTHORIZATION FORM**

---

Student Last Name	First Name	Grade	Date of Birth
-------------------	------------	-------	---------------

School Year \_\_\_\_\_

**Medications Provided by School:**

Parent, please check the boxes of those items you permit your child to receive from the nurse. Sign the form at the bottom. Send form to the child's doctor to complete dosage and sign. Form can then be mailed or faxed by the doctor to the school nurse.

- Acetaminophen** \_\_\_\_\_ by mouth as needed per package directions headache, pain, menstrual cramps or fever.
- Cepacol lozenge** 1 by mouth every 2 hours as needed for temporary relief of occasional minor throat pain and dry scratchy throat.
- Bacitracin Antibiotic Ointment** apply to skin as needed to help prevent infection in minor cuts, scrapes and burns after cleansing with soap and water.
- Calamine Lotion** apply to skin for bug bites, dry poison ivy/oak lesions, dry eczema, hives and dry itchy red rashes after soap and water.

.....

**Provided by Parent in Original Store Container and Kept in Health Office:**

- Ibuprofen** \_\_\_\_\_ by mouth. May use per package instructions as needed for headache, muscle aches, joint pain and menstrual cramps.

**Other** – Please write specific order with medication name, dose, route, reason for administration.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

---

<b>Parent Signature</b>	<b>Date</b>
-------------------------	-------------

---

<b>Healthcare Provider Signature</b>	<b>Date</b>
--------------------------------------	-------------

---

<b>Healthcare Provider Name Printed or Stamped</b>	<b>Phone Number</b>
--	---------------------