

**PHYSICIAN'S REQUEST FOR THE ADMINISTRATION
OF MEDICATION BY SCHOOL PERSONNEL**

Student: _____ Date: _____

School Building: _____ Grade: _____

The student named above is under my care and should receive:

Name of Drug/Medication: _____

Dosage Times: _____ Dosage: _____

Route: _____

Date to begin administration

Date to end administration

Specific instructions for administration: _____

Reasons for use: _____

Possible Side Effects that should be reported to physician: _____

Date: _____ Physician's Signature: _____

Physician's Address: _____ Telephone No: _____

I hereby request and give my permission to the principal or his/her delegate (another responsible adult) to administer the medication as indicated by the above physician's request to my child _____.

I understand that the parent should administer this medication whenever possible and that the medication must be in a proper container, labeled by the pharmacist or physician. Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

By this request, I voluntarily, on behalf of the child herein named and myself, release the principal and/or his/her delegate from any and all liability for civil damages arising out of or from the administration or the failure to administer the medication in the above physician's request.

Date: _____ Parent Signature: _____

Address: _____

Telephone Numbers: _____

Home: _____ Work: _____ Emergency: _____

London City Schools Guidelines for Administration of Medications by School Personnel

Many children are now able to attend school because of medications that are available for the effective treatment of their acute or chronic illnesses. The board of education also realizes that the administration of prescribed medication by the parent or legal guardian of the child is not always possible at the prescribed time during the school day. Therefore, if under exceptional circumstances a child is required to take medication during school hours and the parent/guardian cannot be at school to administer the medication, only the school nurse, the principal or his/her designee will administer the medication in compliance with the regulations that follow:

1. All school personnel must be informed that the administration of any drug (prescription or over-the-counter) without the order of the physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.
2. The principal in each building shall appoint a responsible person or persons to supervise the storing and administering of the medication in the absence of the school nurse.
3. Written request must be obtained from the physician and the parent/guardian before school personnel can administer any medication. The request must include instructions as to name of medication, dosage, time, and duration of medication, and possible side effects.
4. Medication must be in original containers (child proof) and have an affixed label including the student's name, name of medication, dosage, route of administration, and time of administration.
5. New request forms must be submitted each school year and as necessary for changes in the medication order.
6. It is advised that the medication and the signed permission forms be brought to the school by the parent/guardian.
7. The school nurse is responsible for the monitoring of medications administered by school personnel. The school nurse is responsible for providing education including specific instructions pertinent to the medication.
8. Accurate records of the medication given must be kept in the student's record.
9. The parent/guardian must sign a waiver on behalf of the child and parent voluntarily releasing the principal and/or his/her designee from any and all liability for civil damages arising out of or from the administration or failure to administer the medication involved.

London City School district retains the discretion to reject requests for administration of medicine.