

ADMINISTERING MEDICINES TO STUDENTS

JHCD

Upon the receipt by school personnel of written notification from a physician or parents/guardians that a student needs medicines during the school day, the following procedures will be utilized:

1. Written notification is forwarded to designated school official.
2. Designated school official has parent(s)/guardian(s) send written instructions signed by parent(s)/guardian(s) and physician that include:
 - a. Student's name
 - b. Name of medication
 - c. Purpose of medication
 - d. Time to be administered
 - e. Dosage
 - f. Possible side effects
 - g. Termination date for administering the medication
3. The designated school official will be responsible for:
 - a. Obtaining and filing in the school, the written instructions and consent required.
 - b. The periodic review of such written instructions.
 - c. The storing of medicines and prescription drugs in a locked cabinet.
 - d. Record keeping and the return of unused medication to the parent(s)/guardian(s).
 - e. The appropriate instructions of persons who may be authorized to administer medicines or prescription drugs to students.
4. The parent(s)/guardian(s) of the student shall assume responsibility for informing the designated school official of any change in the student's health or change in medication.
5. The School District of Neillsville retains the discretion to reject requests for administration of medicine.
6. A copy of this procedure will be provided to parent(s)/guardian(s) upon their request for administration of medication in the school.
7. Only limited quantities of medicine should be brought to school and then only in containers properly labeled by the physician or pharmacist.

Initial Adoption: 10/23/17

Final Adoption: 11/20/17

Daily Medication Administration for School Year																																
Student _____ Teacher _____ Grade _____ DOB _____															Student Photo																	
Medication/Dose/Time/Route																																
Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Sept																																
Oct																																
Nov																																
Dec																																
Jan																																
Feb																																
Mar																																
Apr																																
May																																
Jun																																

Signature and initial of those authorized to administer medications			

Med Given	Initial
Student Absent	A
No Show	NS
Late	L
Field Trip	FT
No Medication	N
Error	E
No School	X

Documentation Approved By _____

Initial Adoption: 10/23/17
 Final Adoption: 11/20/17