

# St. Clair School District #75

Health Services

507-245-3533 ext. 224



## MEDICATION GUIDELINES

The administration of medication to students shall be done only in exceptional circumstances wherein the student's health may be jeopardized without it. Whenever possible, administration of medicine should be done at home. (Medicine prescribed 3 times per day can be given before school, after school and bedtime.)

1. Administration of prescription and non-prescription medication by school personnel/employees must only be done according to the written order of a licensed physician and written authorization of parent/guardian. The student will take medication at the designated time supervised by a school nurse or his/her designee, teacher, or principal.
2. A new medication consent form is required when the dosage or time of administration of the medication is changed. New consent form with appropriate signatures must be received annually.
3. When a long-term daily medication is stopped, a physician's order is required.
4. All medication (Prescription and non-prescription) must be brought to school by a **parent/guardian in its original container.**

\* Mixed dosages in a single container will not be accepted for administration at school.

5. All oral medication will be kept in a locked drawer, cabinet, or file at school. Oral medications are not to be carried by the student. If an exception is to be made, there must be a written agreement between the school district and the parent. A student must never carry controlled substances.
6. Students with asthma who need to use their inhaler during the school day will be allowed to carry and be responsible for administration of their own inhaler only with written consent of their physician and parent/guardian.
7. Students with severe allergies who may need their Epi-Pen during the school day will be allowed to carry and be responsible for administration of their Epi-Pen only with written consent of their physician and parent/guardian.

(OVER)

**HEALTH SERVICES**  
**I.S.D. #75 SCHOOLS – SAINT CLAIR, MINNESOTA**  
**CONSENT FORM FOR ADMINISTRATION OF MEDICATION DURING THE SCHOOL DAY**

Parents of pupils requesting that medication be administered during schools hours by school staff are required to provide for the school: 1) a statement from the physician, and 2) a parent/guardian release for the administration of medication. \*

Pupil's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Home Address \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**PHYSICIAN'S ORDER FOR ADMINISTRATION OF PRESCRIPTION & NON- PRESCRIPTION  
MEDICATION BY SCHOOL PERSONNEL**

I have prescribed the following medication for this child and request the dosages given during school hours by administered by school personnel.

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

Dosage and time of administration \_\_\_\_\_

Instruction for giving medication \_\_\_\_\_

Possible side effects \_\_\_\_\_

Purpose or condition for which prescribed \_\_\_\_\_

Inhalers & Epi Pen: Has child received instruction and permission for self-administration? \_\_\_\_ Yes \_\_\_\_ No

PHYSICIAN'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**PARENTAL RELEASE FOR ADMINISTRATION OF PRESCRIPTION OR NON-PRESCRIPTION MEDICATION**

1. I request that the above medication be given to my child during school hours (no after school activities) as ordered by this student's physician.
2. I give permission for the school nurse/designee to consult with this child's physician concerning questions that arise with regard to the listed medication, medical condition, or side effects.
3. I give permission for the school nurse to communicate with appropriate school personal about the action and side effects of the medication.
4. I will provide a medication discontinuation order from the physician if the medication is stopped.
5. I will provide this medication in the original, properly labeled pharmacy bottle.
6. Field trips--I give permission for a teacher/school personnel to administer the medication on a field trip.
7. I release school personnel from any liability in relation to the administration of this medication at school.

PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_