

Bethesda Christian School

AUTHORIZATION TO ADMINISTER MEDICATION
SCHOOL YEAR _____

All medication should be given outside of school hours if possible. Only medication which is required to enable a student in school will be given. Medication can be given at school following the criteria below. At times school personnel other than the school nurse may give medication to your child. **ONLY MEDICATIONS PROVIDED BY THE PARENT/GUARDIAN WILL BE GIVEN.**

1. Medications must be in the ORIGINAL, PROPERLY LABELED CONTAINER and labeled with parent directions for dispensing. A pharmacy can supply two labeled containers, one for school and one for home. **MEDICATIONS SENT IN BAGGIES OR UNLABELED CONTAINERS WILL NOT BE GIVEN.** A doctor's order is required for any medication needed for more than ten days at a time.
2. Over-the-counter (OTC) medication will only be allowed for one week per month. The label directions on the OTC medication will be strictly followed. Exceptions to this guideline will be made with a doctor's order.
3. Medication will be checked by the school nurse. If the student's name is not on the container, or if the medication does not match the label, or if the medication is expired, the medication will not be given and the parent/guardian will be notified.
4. Medication will not be given without a specific written request signed by at least one parent/guardian and physician. This request should be made on the appropriate form supplied by the school or on a form supplied by the physician. A hand written note will be accepted only if the following is included: student's name, name and dosage of medication, time to give medication, and parent's signature.
5. All medications, prescription and OTC, must be kept in the nurse's office in a locked cabinet. Inhalers may only be carried with proper authorization from a parent/guardian, physician, and school nurse. Another inhaler must be kept in the office. **IF A STUDENT ALLOWS ANOTHER PERSON TO USE THE INHALER, THE PRIVILEGE WILL BE REVOKED.**
6. Herbal medications, dietary supplements, and other nutritional aids not approved as medication by the FDA may not be administered at the school.
7. ADD/ADHD medications and other controlled substances should be brought to the nurse's office by the parent/guardian and counted. If not, a note with the number of pills in the bottle should be sent.

STUDENT _____ DATE _____ GRADE _____
 PHYSICIAN _____ PHYSICIAN'S PHONE _____
 PHYSICIAN'S SIGNATURE _____

MEDICATION	DOSAGE	TIME(S)	COMMENTS

I hereby request that the medication specified above be administered to the above named child.
 PARENT/GUARDIAN SIGNATURE _____ DATE _____
 TELEPHONE: HOME _____ CELL _____ BUSINESS _____

By the end of the last day of school, medication will be (circle one choice):

Picked up by the parent Taken home by the student Discarded by school personnel

IF MEDICATION IS NOT PICKED UP BY 2:00pm ON THE LAST DAY OF SCHOOL, IT WILL BE DISCARDED BY SCHOOL PERSONNEL.

Date received in clinic _____ Nurse's Signature _____