KEYSTONE CENTRAL
SCHOOL DISTRICT
RESPECT FOR YESTERDAY • PRIDE IN TODAY • PLANS FOR TOMORROW

Medication Guidelines

Purpose

The Keystone Central School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given in the home, it realizes that the health of some children requires that medication be given in school.

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible.

The Keystone Central School District shall not be responsible for the diagnosis and treatment of student illness. The administration of prescribed medication in accordance with the direction of a parent or family physician to a student during school hours will be permitted only when:

1. The failure to take such medicine would jeopardize the health of the student.
2. The student would not be able to attend school if the medicine were not available during school hours.

Definition

"Medication" shall include all medicines prescribed by a physician as well as any over the counter medicines, cough medicines, or any herbal remedies.

When medication absolutely must be given during school hours on a daily basis, the following procedures must be followed:

1. Whenever possible all medication shall be administered by the school nurse, the parent, or the student themselves, where the family physician so directs.
2. No employee is required to administer or assist in the administration of medication to a student. A school employee may voluntarily assist with medication if all guidelines of the medication policy are complied with.
3. The physician must complete the medication form to be provided to you on request.
4. The parent must sign the consent form for medications.
5. With the exception of asthma inhalers; not student shall carry any medications to school. Any medications to be given during school hours **must be delivered to the school nurse, principal, or designee by a parent or responsible adult.** The medication must be brought to school in the original pharmaceutically dispensed and properly labeled container.
6. New forms must be signed at the beginning of each school year or with any change in the prescription.
7. Medications such as Adderall, Ritalin, Dextrostat, and Dexedrine are classified as Class II medications. Because of this law, when these medications are brought to school, the number of pills must be counted by at least one school staff member and verified by another adult (parent would be best).

KEYSTONE CENTRAL
SCHOOL DISTRICT
RESPECT FOR YESTERDAY • PRIDE IN TODAY • PLANS FOR TOMORROW

Keystone Central Medication Order
Parental and Physician Consent

Dear Dr.: _____

Please complete the following medication order form and return to _____ so my child,

_____, Date of Birth _____ can receive medication during the school day.

I give my consent for this information to be shared with the school employees as needed.

This release is in effect from _____ to _____.

I certify that I am fully aware of the medical reason for the administration of the medication and as well as any consequences or possible side effects from the medication. I understand that the School District assumes no liability for the administration of the medication and agree for myself, the above student, our heirs, executors and administrators, to waive and release any and all rights and claims for damages which any of us may have against the Keystone Central School District, its employees or agents, in any way arising out of or relating to the administration of the medications listed below.

_____ _____ _____ _____
Parent Signature Date Witness Date

Diagnosis: _____ Name of Medication:_____

Dosage: _____ Route: _____

Time schedule for Administration: _____ Duration of Administration: _____

Possible side effects or contraindications: _____

Is student capable of self-administration: _____

_____ _____ _____
Date Physician Signature Physician Telephone