

Use of Medications at School

If your child must have medication, *prescription or over-the-counter*, during school hours you have the following options:

- You may come to school to administer the medication to your child
- You may discuss an alternative schedule for medication administration with your child's physician, such as outside of school hours.
- You may obtain a <u>TES Medication Authorization Form</u> or a <u>TES Common OTC</u>
 <u>Medication Authorization Form</u> if medication is to be given during school hours. This must:
 - Be completed by your child's healthcare provider (MD, DO, NP, PA)
 - o Include the name, dose, and frequency of use of the medication
 - o Include the healthcare provider's AND the parent's signature.
- Once this is complete please bring the medication to school in its original OTC or
 prescription labeled bottle. The student IS NOT permitted to bring any medication to
 school; this must be brought in by the parent, guardian, or designated adult.
- Students with medical conditions such as asthma, diabetes, severe allergies, etc. may
 be allowed, (with approval of doctor, parent/guardian and school nurse), to keep
 his/her medication in their possession. In this situation, the Medication Authorization
 For Self-Administration form must be completed and signed by the Health Care
 Provider, parent/guardian and student. The student must always demonstrate
 responsibility when carrying the medication.



School Medication Checklist

Please review this checklist prior to bringing paperwork and medications to school

Ensure you have the <u>TES Prescription Medication Authorization Form</u> or <u>TES Common OTC Medication Authorization Form</u> and that the following areas are filled out: Medication name, dosage, and frequency of administration Health care provider's signature and contact information Parent's signature
Medication is in original packaging or prescription container (labeled baggies will not be accepted) Due to storage constraints, we can only accept bottles of 25 pills max; liquid medications of 6 oz max. Chewable medication is preferred when available/possible.
Medication should be hand delivered by parent or guardian with appropriate paperwork and reviewed and signed off by the school nurse or alternative staff member. We cannot accept incomplete forms or improperly packaged medications.
Students with medical conditions such as asthma, diabetes, severe allergies, etc. may be allowed, (with approval of doctor, parent/guardian and school nurse), to keep his/her medication in their possession. In this situation, the Medication Authorization For Self-Administration form must be completed and signed by the Health Care Provider, parent/guardian and student <i>in place of</i> the TES Medication Authorization Form. The

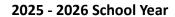


School Prescription/OTC Medication Authorization Form

Only to be completed by Health Care Provider (MD, DO, NP, PA)

Name of student:	Date of Birth:		
Name and dosage of medication:			
Circle: Tablet Liquid Inhalation Injection Ointment Other			
Time(s) and route to be given:			
Medication Start date	Medication Stop date		
Special instruction (if indicated):			
Possible side effects/adverse reactions:	·		
Additional doses (such as forgotten early morning doses)or change in dosage can only be given if the doctor has given written instructions for that dose on the Medication Authorization form.			
Doctor/Provider Signature	Date		
Doctor/Provider's phone number:			
Signature of Parent:			
Signature of Authorized School Personnel:			
Office Stamp:			

You may turn in a hard copy to the front desk, email to nurses@theexpeditionschool.com, or return by fax, attn: school nurse, to 919-245-8460.





Common Over the Counter (OTC) Medication Authorization Form - To be completed by Health Care Provider (MD, DO, NP, PA)

Student Name:	Date of Birth:
· · · · · · · · · · · · · · · · · · ·	nurse when possible, and the nurse will assess the student's condition prior been trained in medication administration may administer medication as sence, including during field trips.
brought specifically for your child should be in	ation if available, but availability is not guaranteed. Any medication its original container and must be delivered to the front desk by a parent n only accept bottles of 25 pills max; liquid medications of 6 oz max.
·	consent for your child to receive. The Health Care Provider (HCP) must ; OR provide weight for weight based dosing:
Medication	Approved dose, frequency, and any additional instructions/guidelines
☐ Acetaminophen 500mg tab☐ Children's Acetaminophen 160mg chewable or liquid	
☐ Ibuprofen 200mg tab☐ Children's Ibuprofen 100mg chewable or liquid	
☐ Calcium carbonate (Tums)	
☐ Diphenhydramine (Benadryl) 12.5mg chewable tablet / 5ml liquid	
☐ 1% Hydrocortisone Cream	
Other	
Start Date	Stop Date
Doctor/Provider Signature:	Date:
Signature of Parent:	
Signature of Nurse / Authorized School Persor	nnel:

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