



**Guidelines for initiating medication administration in the school setting.
Permission to Dispense Medication Form attached.**

The Loveland Schools medication policy, based on Loveland Board of Education policy, requires that the following steps be followed when initiating medications for students in the Loveland City School District:

- The *Permission to Dispense Medication Form* is only for medications that **absolutely must be administered** during school hours. Medications that can be given at home (for example, meds given once a day; antibiotics given 1-3 times a day) should be given at home.
- The *Permission to Dispense Medication Form* is filled out completely by the physician and parent/ guardian with only **one** medication per form.
- Medication is delivered to the appropriate school by an adult. **Medication is not to be transported by the student unless approved by the district nurses.** Medications include (but are not limited to) pills, lotions, cough drops, eye drops, Tylenol/Advil, etc.
- Medication must be delivered in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name, and prescription number. Over-the-counter medications must be in their original, unopened container, properly labeled with the student's full name and dosage noted on the label. These labels must match the physician's orders to be accepted.
- As medications are changed or adjusted, another *Permission to Dispense Medication Form* must be filled out by the physician and parent/guardian.
- When discontinuing medication, we must have a physician's and/or parent's signature in written form to do so. To restart a medication a new *Permission to Dispense Medication Form* needs to be filled out completely. If the physician changes, notify the school.
- For medications requiring liquid measurements, the proper measuring utensil must be provided e.g. 1/2 teaspoon ordered requires a utensil that measures 1/2 tsp. exactly.
- All medications must be picked up at the end of the school year by an adult or they will be disposed of properly. Auvi-Q's and epi-pens **must** be picked up by the last day of school.
- Maximum number of doses for each medication are 30 doses.
- Orders for medications are valid only for the current school year in which they are written.

In the event that the above rule regarding the transportation of medication is not followed, the following action steps will be taken:

- If medications are sent in with a student, the school nurse will contact the family by telephone to reinforce that this is not allowed by policy. A written letter signed by the Superintendent will also be sent.
- For a second offense, the student may be suspended until the principal, nurse, and parent can meet to discuss the situation.

If you have any questions or concerns, please feel free to contact the nurses at 677-7973 and leave a message.

- *The District Nurses*

Detach and keep this copy for your records.

**Permission to Dispense Medication Form
Loveland City Schools**

***Only one medication per form*
Only for medications that must be administered during school hours**

PARENT/PHYSICIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

TO BE COMPLETED BY THE CHILD'S PHYSICIAN:

Child's name: _____ Date of birth: _____
Name of medication: _____ Date of authorization: _____
Reason for medication: _____
For inhalers only, student has been instructed on its proper use and may carry on person: Yes _____
Dosage _____ Frequency _____ How administered _____
Date to begin administering medication _____ Date to terminate _____
Time(s) to be given at school (exact time): _____
Possible side effects/adverse reactions: _____
Special conditions for storage of drug: _____
Student may carry inhaler: Yes _____ No _____ Student instructed in use of inhaler: Yes _____ No _____
Student may carry epi-pen: Yes _____ No _____ Student instructed in use of epi-pen: Yes _____ No _____
(Print or Type)
Physician _____ Telephone # _____
Physician's signature _____

TO BE COMPLETED BY THE PARENT:

Loveland Board of Education policy (5330) requires consent of physician/parent/guardian before medication can be given to a child by school personnel. The following information is necessary in order to comply with this policy. Return completed form to your child's clinic. Answer all questions to expedite service requested.

Child's name: _____ Date of birth: _____
Address: _____ Zip _____ Telephone # _____
School: _____ Grade: _____ Teacher _____
Pharmacy: _____ Telephone # _____

The undersigned agrees not to file or make any claim against anyone for negligence in connection with administration or non-administration of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I request school personnel to administer the medication as instructed and agree to (1) deliver the medication to the school in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name and prescription number and (2) notify the school if I change physicians or if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for this medication. I understand that students may not transport medicines (includes, but is not limited to, pills, lotions, cough drops, eye drops, Tylenol, etc.) to or from school. Exceptions made by the district nurses only. I authorize the exchange of information between the health care provider and the school regarding this medication when deemed necessary by school personnel

I give my permission for the principal or his/her designee to administer the prescribed medication.

Signature of Parent or Guardian _____ Date _____
Daytime Telephone # _____

**THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR AND
MEDICATION WILL BE DISPOSED OF AT THAT TIME.**