COUNCIL ROCK SCHOOL DISTRICT

Dear Parent or Guardian,

Prescribed medications which are necessary for the health of a child may be administered during the school day. It is recommended that, whenever possible, all medications be administered at home by the parent or guardian. The first dose of any new medication should always be administered at home to ensure close observation of any adverse reaction. If your physician decides it is necessary for your child to receive a medication during school hours, the parent or guardian may request that the school nurse administer the physician prescribed medication at scheduled times. The following school district policies apply to all medications brought to school:

- The "Permission to Administer Medications in School" form below must be completed and signed by the physician and the parent or guardian for all medications both prescribed and over-the-counter.
- Medication must be sent to school in the original pharmacy container with the current prescription label. Upon request, pharmacies can prepare a duplicate container to be used for school.
- All medications must be brought directly to the health office by the parent, guardian, or a responsible adult designated in writing by the parent or guardian.
- Students who have medications of any kind in their possession (in lunch boxes, school bags, etc.) may be considered in violation of the school district drug and alcohol policies and may be subject to disciplinary action.
- A licensed registered nurse employed by the school district shall be the only district employee responsible for the administration of medications.
- If a licensed registered nurse is unavailable to administer the medication on a time schedule determined by the student's physician, the school nurse and parent or guardian will develop a care plan to ensure that the dosage is administered as scheduled.
- All medications are kept in the health office in a locked cabinet.
- Acetaminophen, for which the district has a standing order from the district physician, will be administered as needed to all students with the signed permission of parent or guardian as noted on the student's emergency card.
- Ibuprofen, for which the district has a standing order from the district physician, will be administered as needed to students in grades 7-12 with the signed permission of parent or guardian as noted on the student's emergency card.

Please take this form to your physician and have the instructions recorded below regarding the administration of your child's medication.

Permission to Administer Medications in School

Date medication to start	Date to discontinue
Name of student	Grade/teacher
Diagnosis ———————	
Name of medication	Strength Dosage
Frequency of administration —————	Recommended time of administration
Special instructions/effects to observe	
Other medications this child is presently ta	king —————
	Signature of physician
	Telephone number of physician ————————————————————————————————————
I hereby give permission for the school nur	rse to administer this medication to my child during the school day.
Date ————————————————————————————————————	Signature of parent or guardian