

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Pulaski County School System**  
Guidelines for Administration of Medication

The administration of medication by school staff shall be permitted during the school day if it is not possible for the medication to be taken at home or if the prescribing physician specifically states a time during the school day at which the medication is to be given. In the event that medication must be administered to a student during school hours, the guidelines set forth should be followed.

1. Parent/Guardian must sign **School Clinic Permission** and **Guidelines for Administration of Medication** forms for any services, including administration of medication, to be seen/treated by the school nurse.
2. Parent/Guardian must sign **Authorization for Medication Administration** before any long-term medications may be administered or a **Short Term Medication Form** before any short-term (no more than ten days) may be administered. These forms must be completed at least once a school year or when any medication changes are made.
3. Short-term medications may be prescribed by the doctor and do not have to be given continuously throughout the year or may be over the counter (OTC) medications for a short time only (no more than 10 days), per parent request. Parental permission and administration information is required. This will be presented on a form entitled, **Short Term Medication Form**. These medications should be brought to the clinic by a parent or guardian and must be in the original labeled container. The parent or guardian must provide the dosage and times to be given. OTC medications will not be given without a physician's order if the amount exceeds the standard dose per bottle. If medication is to be given continuously throughout the year, an **Authorization of Medication Administration** form must then be completed and signed by a parent/guardian.
4. Long-term medications will be administered every day or as needed throughout the school year and must have an order from the prescribing physician. These medications must also be delivered to the school clinic and an **Authorization for Administration of Medication** form must be completed and signed by a parent.
5. Under no circumstances will any medication be given that is sent in any container, bag, wrapping, etc., other than the original labeled container.
6. Any over the counter medications that are given on a daily basis for greater than ten school days must have a physician's order.
7. It is the responsibility of the parent/guardian to report to the school nurse any changes in pertinent information regarding student health.
8. Parent/Guardian must immediately notify the school of any changes in medication.
9. All medication will be taken directly to the school nurse by the parent, guardian, or other responsible adult.
10. Students who require the use of a prescription Inhaler, Epi-Pen, or Insulin may carry their medication with them, provided the appropriate authorization form is completed and signed by the student and parent/guardian.
11. Students may not carry over the counter or prescription medication on their person, purse or bag. All medication brought to school must be taken to the clinic at the beginning of the school day. An exception will be made for cough drops and throat lozenges.

**I have read the above guidelines and agree with the conditions set forth by the Pulaski County School System.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_