

**EAST GREENBUSH CENTRAL SCHOOL DISTRICT
BELL TOP ELEMENTARY SCHOOL**

INTERNAL MEDICATION IN SCHOOL

School nurses, principals and other school personnel are constantly being asked to dispense internal medications to school children. Compliance with such requests, in addition to being contrary to good health practices, is contrary to statutory regulations as outlined in the Nurse Practice Act and provisions of State Education Law.

There are circumstances when, under specific regulations, a medication prescribed by a private physician may be administered to a pupil during school hours. This is a program adjustment to meet the health needs of an individual pupil.

One of the basic concerns about which a decision must be made, is whether or not the child in question is actually able to attend school. The child's status will need to be reviewed to ascertain that his physical or emotional condition is such that he can take advantage of his educational opportunities.

Certain facts must be established about the medication. It should be determined that the frequency of dosage demands that it be given during the hours when the child is in school. If it is a medication which can be administered once or twice a day, it is usually possible for the parents to take the responsibility. If it is a medication that must be given at extremely frequent intervals, it is not reasonable to expect that it can be handled efficiently in school. If the medication is given only as necessary, rather than at a specified time, it imposes a number of serious problems including that of the need for a professional decision as to necessity.

MEDICATION MAY BE ADMINISTERED ONLY IF IT IS ACCOMPANIED BY:

1. The written order of your physician specifying diagnosis, medication, (possible side effects), dosage, frequency and the time element for administering the medication.

AND

2. The written request of the parent, requesting that school personnel administer the medication as ordered (the medication must be transported to school by an adult).

AND

3. The family must provide the medication in a bottle, tube or container that clearly indicates the date, name of child and physician, dosage and frequency.

PERMISSION FORM ON REVERSE

EAST GREENBUSH CENTRAL SCHOOL DISTRICT
BELL TOP ELEMENTARY SCHOOL

SCHOOL HEALTH PROGRAM

AUTHORIZATION FOR ADMINISTRATION OF INTERNAL MEDICATION IN SCHOOL

PLEASE COMPLETE BOTH PARTS

A. FOR PARENT

I REQUEST THAT MY CHILD _____ RECEIVE THE
MEDICATION _____ PRESCRIBED BY _____

MAY CARRY AND SELF ADMINISTER
MEDICATION
(inhalers/emergency medications only)
All "self-carry" medications **MUST** be labeled with
the student's name.

THE MEDICATION IS TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours only).

DATE _____ PARENT'S SIGNATURE _____

B. FOR PHYSICIAN

THIS IS TO CERTIFY THAT _____ DOB _____
IS BEING ATTENDED AND TREATED BY ME. IT IS ESSENTIAL THAT HE/SHE BE GIVEN THE
FOLLOWING MEDICATION IN THE DOSE INDICATED DURING SCHOOL HOURS.

DIAGNOSIS _____

NAME OF MEDICATION _____

DOSAGE SCHEDULE _____

POSSIBLE SIDE AFFECTS _____

DURATION OF TREATMENT _____

MAY CARRY AND SELF ADMINISTER
MEDICATION
(inhalers/emergency medications only)
All "self-carry" medications **MUST** be labeled
with the student's name.

THE MEDICATION IS TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours only).

DATE _____ PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME (print) _____

ADDRESS _____

Note: It is the parent's responsibility to see that the Health Office receives this authorization.