

De Smet School District Medication Policy



For the safety of all students, please take note of the following important information about the administration of medication during school hours.

- Prescription and non-prescription medication request are to be renewed at the beginning of each new school year.
- Only those medications that are necessary for a student's medical care and that cannot be given outside of school hours will be administered.
- Only medications that are up to date may be administered. Please check expiration dates before bringing medication to school.
- **Please provide written consent and specific instructions for each medication. There are medication form available for this purpose from the Secretary at each school or on our school website.**
- Medication must be in its original, properly labeled container (no baggies or envelopes will be accepted). For long term daily medication, please request your pharmacist to provide two labeled bottles of medication; one for home and one for school. **Special Note:** If a dosage is changed (Ritalin or Adderall or example) a new label must be made by the pharmacist and sent to school as soon as possible. Medications are given per label instructions. A written statement or fax from the physician will suffice while a label is being updated. The new bottle will be required in the school office no later than five days after a dosage change.
- Asthma inhalers may be carried by the students in the Middle/High School during the school day with written authorization by the physician and parents/guardian on file in the school office. *We urge you to keep an extra inhaler in the office as back up.* Students at Laura Ingalls Wilder Elementary must keep inhalers in the secretary's office along with written authorization by the physician and parents/guardian.
- Over-the-counter (non-prescription) medications such as **Tylenol, Advil or cough formula must be provided from home in its original container with written consent and specific instructions for the use. The school secretary does not stock or dispense these medications.**
- Prescription medications may only be given if prescribed by a person licensed to practice medicine or dentistry in the United States. (Ex: M.D., D.O., D.D.S., Nurse Practitioner, or P.A.)
- At the end of the school year, any unused medications will need to be picked up by a parent, guardian or designated responsible adult. Medications that are not picked up by the last day of school will be discarded.

Student: _____

I authorize the De Smet MS/HS Certified CMA to administer the following medication to my child:

Medication:_____

Dose: _____

Time: (check and fill in correct time/reason for medication)

- 1) _____ Medication at _____ o'clock
- 2) _____ As needed to control asthma or wheezing but no more often than every 4 hours
- 3) _____ As necessary for _____
 - Prescribed medication will be provided in the original container stating the name of the medication, student's name, the name of the pharmacy, physician's name, and dose to be administered.
 - Over the counter medications will be in the original store container and in an age appropriate form and dose.
 - Consents for cough medications will be good for a maximum of 2 weeks.
 - The first dose of any medication must be given by the parent/guardian.
 - Parent/guardian is responsible to drop off and pick up any/all medications.
 - One form per medication and or student.

I absolve the school personnel of all responsibility for an unforeseen development/reaction due to the administration of the above name medication. It is the responsibility of the child to come to the office to take his/her medication.

Authorization start date _____ Authorization end date _____

Parent/Guardian signature_____

[illegible]

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Authorization for Self-Carry/Administration of Inhaler at School



Student: _____ Grade: _____

HCP*: _____ Telephone: () _____

Medication: _____ Dose: _____ Time: _____

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Medication is permitted in accord of district policy. Note: due to safety concerns, each student is individually evaluated on their health condition and development level. Best practice guidelines recommend HCP authorization for self-administration of medication.

Note: HCP= Licensed Health Care Provider

Responsibilities for carrying INHALER:

- Student will carry only a one-day supply of the medication (one inhaler)
- Medication must be in its original container with current pharmacy label
- Student recognizes proper and prescribed timing for medication (per above)
- Student agrees to never share medication with others
- Student demonstrates to parents/ school secretary correct use/administration
- Student keeps medication in agreed location: _____
- Student agrees to come directly to the school secretary if having any adverse symptoms
- Parent informs school secretary of change in diagnosis or medication
- Parent and student understand optimal medication temperature considerations (Albuterol may be adversely affected by temperatures over 86 degrees and below 59 degrees)

IN MY OPINION, THIS STUDENT SHOWS CAPABILITY TO CARRY AND SELF-ADMINISTER THE ABOVE MEDICATION.

HCP Signature Print Name () Telephone Date

I request that my child, named above, be permitted to carry and self-administer the above ordered medication. I take responsibility for this permission. I understand that the medication must be in the original pharmacy container, labeled with the name of the student, prescribing Licensed Health Professional, and medication: date of original prescription, strength, and doses of medication, and directions for use.

I will support my child to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan. I RECOGNIZE THAT THE SCHOOL WILL NOT BE ABLE TO TRACK COMPLIANCE WITH THE MEDICATION DOSING SCHEDULE. It will be my responsibility to ensure compliance. As a parent/guardian of the student, I agree to hold harmless and indemnify the school and De Smet School District officers, employees and agents against all claims, judgments, or liabilities arising out of the self-administration and carrying of medication by their student.

Parent/Guardian Signature Date Student Signature Date

I accept the parent/guardian request and HCP statement. We will permit and assist the student to be responsible, but reserve the right to withdraw the privilege if the student shows signs of irresponsible behavior or if there is a safety risk. We will contact the parent/guardian as soon as possible in this event

School Certified CMA Date