



Medication Administration Policy

- The administration of prescribed medication to a student during school hours shall be permitted only when failure to take such medicine would jeopardize the health of the student, or the student would not be able to attend school if the medicine were not made available to them during school hours, or where it is done pursuant to law requiring accommodation to a student's special medical needs.
- Written parent permission and written orders from a medical provider are needed for both prescribed and over-the-counter medications in school.
- A written order from the prescribing medical provider, should include the purpose of the medication, the dosage, the time at which or the special circumstances under which medication shall be administered, the period for which medication is prescribed, and the possible side effects of the medication.
- The medical provider order must be renewed each school year or when there is any change in the order.
- The parent/guardian is responsible to have the medication delivered directly to the nurse in a properly labeled, original pharmacy container or packaging (for over-the-counter medications), by an adult.
- All controlled substances must be brought to the nurse by an adult. The medication will be counted and recorded.
- Schools take temporary and incidental possession of medications at the request of the parent/guardian. Therefore, medications should be returned to the parent/guardian when no longer needed at school. Medications remaining at the end of the school year will be disposed of in accordance with NYS Department of Environmental Conservation recommendations.
- Self-Carrying Emergency Medications: Students with a valid medication order as well as a signed medical and parent attestation (see Emergency Medication Authorization Form) can carry and self-administer the following medications on school property and at any school functions:
 - Inhaled rescue medications for respiratory symptoms
 - Epinephrine auto-injector to treat allergies
 - Insulin, glucagon, and other diabetes supplies to manage Diabetes



Bethlehem Central School District Health Services

High School Phone # 439-4967
High School Fax # 475-9243

Middle School Phone # 439-7705
Middle School Fax # 475-0513

NON-EMERGENCY MEDICATION FORM

Authorizations for school medication administration

All medications, INCLUDING over-the-counter medications, must have orders written by a medical provider for administration at school. Medications must be in the original pharmacy or product labeled container.

(This form is NOT for EMERGENCY medications such as Epinephrine, Inhalers, Insulin or Glucagon)

Student Name: _____ DOB: _____ Grade: _____

THIS SECTION TO BE COMPLETED BY HEALTH CARE PROVIDER

I request that my patient, as listed above, receive the following medication(s):

MEDICATION(S)	DOSAGE/ ROUTE	FREQUENCY/ TIME TO BE GIVEN	REASON FOR MEDICATION	DURATION OF TREATMENT

Possible Side Effects/Adverse Reactions: _____

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PROVIDER
INITIALS

Please initial box if the student meets criteria to self-administer medication during extracurricular activities such as sports, clubs or field trips. Medications will be kept in the custody of a staff member.

Criteria for "self-administration": Student can recognize the medication; understands the purpose, name, amount, dose, timing, and effect of taking, or not taking, medication(s); and is considered responsible and independent in the medication delivery.

Provider Signature: _____

Provider Name & Title (Printed or Stamp): _____

Office Phone Number: _____ **Date:** _____

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

I request that my child receive the medication(s) as prescribed above by my child's licensed health care provider. Medications will be furnished by me in the properly labeled, original container, from the pharmacy/store. I have read and understand the Medication Administration Policy outlined on the previous page.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Daytime Phone Number: _____ **Date:** _____