

**STRAFFORD ADMINISTRATIVE UNIT #44
MEDICATION POLICY AND ADMINISTRATION AUTHORIZATION**

The school nurse or designated staff member of the Strafford School District is authorized to administer medication to students under the following conditions:

1. A parent or guardian of the student must sign a Medication Release Form indicating the desire that the school assist the student in the matters set forth by the ordering physician or on the "Over The Counter" medication label in the original container.
2. Students will **not be allowed** to have medication on their persons, in their desks, lockers, cubbies or backpacks. Students with Asthma may carry their inhalers with them **only** if prescribed in writing by their physicians, with a parent's signed medication release form and the understanding that they **must see the school nurse immediately** after any administration to assess its effectiveness and any further follow up.
3. All medication **must be** delivered to the school nurse by a parent/guardian in the original container and be properly labeled (pharmacy label) with the student's name, physician's name, the date of original prescription, and the name of the medication. **A written Physician Order must accompany all prescription medications.** Only the amount of medication required during school hours should be brought into the nurse's office by a parent or guardian.
4. All medications are dispensed only by the physician's written order for that prescription and cannot ***be altered in any way.*** All medications delivered to the school, by a parent/guardian will be kept in a secured locker until dispensed by the nurse or designated staff member.
5. The nurse or designated staff member is required to maintain a log indicating any and all medications administered, by whom, to whom, and on what date.
6. All non-prescription medications such as Tylenol, will be dispensed only with a written approval or request from a parent or guardian accompanied by a signed "will not hold school liable" release.
7. Any change to a students' medication regimen must be submitted to the school nurse in writing from the parent/guardian (Over the Counter Medicine) or ordering physician (prescriptions) as soon as possible.

MEDICATION RELEASE FOR PRESCRIPTION MEDICATIONS

My child, _____, a student at Strafford School, requires the following medication(s) during the school day.

1. _____
2. _____

The medication will be delivered to the School Nurse, Principal or designee by a parent/guardian. It must be in its original container if non-prescription **OR** a pharmacy container with original label stating the student's name, physician's name, date of original script, and name of medication and directions (MD orders) for administration of said medication.

I, the parent/guardian, authorize the school to assist my child in taking the above stated medication and agree that I will not hold liable any member of the school staff assisting my child in taking said oral medication.

Parent/Guardian signature

Printed Name

Date

Name of Pharmacy : _____

RX # : _____