

(FORM A)

PARENTAL PERMISSION FOR SUPERVISION OF ADMINISTRATION OF
PRESCRIPTION AND OVER-THE-COUNTER MEDICATION AT SCHOOL

To: _____
(School Name)

We (I), the undersigned who are the parent(s), foster parent(s), guardian(s), of _____
(student's name)

Request that the administering of medication for our child be supervised in accordance with the instructions on
Form B (see instructions on back) from our physician, Dr. _____

We (I) understand that said medication is to be consumed under the supervision of an authorized member of the school staff, unless otherwise required by law. The only exception to this rule is that students may carry inhalers or anaphylaxis kits with physician's permission, parent(s) permission, and at the nurse's discretion. Further, we (I) understand that school personnel are not liable in civil damages for administering or failing to administer a drug when the person authorized by the Board of Education has a copy of this signed statement and does not act in a manner that constitutes gross negligence or reckless misconduct. Understanding these conditions, we (I) agree to hold the school district and its employees free from all responsibility for the results of such medication prescribed by a physician.

Further, we (I) the undersigned, agree to bring medication to school in a container from the pharmacist, properly labeled by same. This label should include name of the student, physician, date, dosage instructions (quantity and times), and name of medication.

Further, we (I) will notify the school immediately, if we (I) change physicians for medication or terminate the use of this medication for any reason and will report immediately to the school to pick up the remainder of said medication.

*Signature of Father _____

*Signature of mother _____

Address of parents _____

Home Phone # _____ Business Phone # _____

Date of signature(s) _____

*Both parents must sign this release if they are living with or have custody of the child. If the parents are separated and both still retain legal custody, both parents must sign. If children are in a foster home and placement is by an agency that holds custody, the agency must sign. If the child is a ward, the court-appointed guardian must sign.

FORM B (on back) MUST BE COMPLETED BY STUDENT'S PHYSICIAN

(FORM B)

PHYSICIAN REQUEST FOR SUPERVISION OF ADMINISTRATION OF PRESCRIPTION AND OVER-THE COUNTER MEDICATION AT SCHOOL

To: Riverside Local School Personnel

Since medication for the student listed below cannot be scheduled for other than school hours, and so that the administration of such medication may be supervised, it is requested that the administering of the medication as indicated below be supervised by school personnel. For self-medication with asthma inhalers, indicate procedures 7 and 8, as well.

- 1. Name of student _____
- 2. Address of student _____
- 3. School _____ Grade _____
- 4. Medication to be administered (name, dosage, and times) _____
- 5. Diagnosis for which medication is being given _____
- 6. Possible reactions that should be reported to the physician _____
- 7. Adverse reactions for unauthorized user _____
- 8. Procedure to follow in the event that medication does not produce the expected relief from student's asthma attack _____
- 9. Other special instructions _____
- 10. Medication to be continued as above until _____
- 11. May the student carry an inhaler or anaphylaxis kit with him/her? ____Yes ____No ____ N/A
- 12. Date of this request _____
- 13. Physician's signature _____ Phone # _____
- 14. Physician's address _____

TO THE PHYSICIAN:

According to Administrative Procedures, the following persons are designated to administer medication at school.

- 1. A school nurse*, when available. A health aide in the absence of the school nurse.
- 2. The building principal**, when the school nurse or health aide is unavailable to perform the duty.
- 3. The assistant principal** or associate principal**, when the principal, school nurse or health aide is unavailable to perform the duty.
- 4. The secretary**, if none of the above are available.
- 5. Latchkey personnel, when the medication must be administered during Latchkey hours.

*NOTE: Only the school nurse is authorized to administer injections. The exception to this procedure, involving a severe allergic emergency, may necessitate a health aide or other staff member to administer epinephrine with a physician's order.

**NOTE: The school nurse will instruct other designated staff, including latchkey personnel, as to the proper administering of medication.