



Medication Policy

In general, school personnel should not administer medication to students at school unless clearly necessary and where appropriate administration cannot reasonably be accomplished outside of school hours. The parent or guardian shall be responsible for providing all medication to be administered to a student.

Prescription and over-the-counter medication will be administered to students at school only on the specific written request of the student's parent or guardian and with the written authorization of the student's physician. The Medication Administration form can be picked up at the school health office or found on the school website under Student Services, Health Office. Herbal and homeopathic remedies may not be administered at school.

If a student must receive prescription or over-the-counter medication during school hours, the parent or guardian shall furnish the medication in the original pharmacy-labeled container or original packaging. The label shall state the student's name, medication, dosage, number and/or time(s) of dosages per day, and name of the prescribing physician. Medication shall be administered at school only by a school nurse, or by his/her designee. Such designee shall be approved by the principal. Medication will be administered by school personnel, only in accordance with the instructions on the prescription label. A parent or guardian may deliver medication to the school during school hours.

Junior High and High school students may assume responsibility for bringing to school and administering their own medication providing they carry only enough for one day and have the *Permission to Carry/Self-Administer Medication* form on file in the school office. Students using poor judgment in carrying and taking their own medication will have such medication confiscated by school personnel, parents or guardian will be notified, and the student may face disciplinary action. A structured plan will then be developed for the administration of the medication. Any parent or guardian who chooses not to sign the permission to carry medication form may request that a structured plan be devised for his or her student.

Special Considerations for Asthma and Anaphylaxis

Notwithstanding the above, a student with asthma, severe allergies, or other related, life-threatening conditions may possess and self-administer medication as provided in an approved treatment plan developed in accordance with the Colorado Schoolchildren's Asthma and Anaphylaxis Health Management Act. This plan will include verification by the student's health care provider that the student understands proper use and is capable of self-administering his/her asthma or anaphylaxis medication. The student and parent will also sign the *Permission to Carry/Self-Administer Medication Contract*.

School Policy requires, as a condition to its agreement to release any medication that the medicine be:

- Prescribed by a physician or dentist
- Furnished by the parent(s) of the student with the original pharmacy container label stating:
 - The student's name
 - Name of the medication
 - The dosage
 - The number of dosages per day or time(s) when the medication is to be released to the student
 - Licensed health care provider's name
 - Pharmacy name and phone number must also be on the label
- The date when the medication is to be stopped (if applicable).
- The parent/guardian agrees to pick up expired or unused medication within one week of notification by staff
- Over the Counter Medication must have the following:
 - Be labeled with the child's name
 - Dosage must match the signed health care provider authorization
 - Medicine must be packaged in original container

It is understood that the medication is given solely at the request of, and as an accommodation to, the undersigned parent(s) or guardian(s). The undersigned parent(s) or guardian(s) hereby agree(s) to release The Academy (Academy of Charter Schools) and its personnel from any and all claim(s), which they now have or may hereafter have arising out of the release of the medication to the student.

A new Student Medication Administration form must be completed for each medication change **and** each school year.

By signing this document, I have read the policies and give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Student Full Name

Parent/Legal Guardian Name

Date

Work phone

Home phone

Health Care Provider Authorization to Administer Medication in School or Child Care

Child's Name: _____ Birthdate: _____

Medication: _____

Dosage: _____ Route: _____

To be given at the following time(s): _____

Special Instructions: _____

Purpose of Medication: _____

Side effects that need to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority License Number License Number

Phone Number Date

Please ask the pharmacist for a separate medicine bottle to keep at school/child care. Thank you!