

LINE MOUNTAIN SCHOOL DISTRICT

Line Mountain Middle/High School

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GUIDELINES FOR THE ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

The Line Mountain School District recognizes that parents have the primary responsibility for the health of their children. Although the district strongly recommends that medication be given in the home, it realizes that the health of some children requires that they receive medication while in school.

Parents should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. **When medication absolutely must be given during school hours, certain procedures (1 thru 3 listed below) must be followed.**

1. The physician must complete Section 1 of this form.

2. Parents must complete and sign Section 2 of this form.

3. **Any medication** to be given during school hours must be delivered directly to the school nurse, the school principal or his designee. The medication must be brought to the school in **the original pharmaceutically dispensed and properly labeled container**. The physician must complete Section 1 and the parent must complete Section 2 before medication/treatment can be administered.

Section 1. (To be completed by physician)

Child's Name/Grade _____

Reason for medication/treatment _____

Name of medication/treatment _____

Dose and frequency _____

Start Date _____ End Date _____

Special storage requirements: None _____ Refrigerate _____

Possible side effects or curtailment of specific school activities _____

Date Physician's Signature Physician's Name (printed) Phone #

Section 2. (To be completed by parent)

I the undersigned parent of the above-mentioned child hereby give permissions for the School Nurse or her designee to perform the treatment and/or administer the medication indicated above. I will not hold any person or group liable if the directions of the doctor are followed, and hereby release the Line Mountain School District from any liability arising out of providing the treatment and/or administering the medication indicated. I also give the school nurse my permission to contact the prescribing physician if necessary to clarify questions concerning this treatment and/or medication.

Please note time to be given and any additional parental instructions.

Parent's Signature _____ Date _____

IMPORTANT: If medication is for an Inhaler or Epi-Pen, the reverse side of this form must also be completed.



Asthma Inhaler or Epi-Pen Contract for use during school hours

Dear Parent or Guardian:

So that the Line Mountain Schools can provide the best care for your child, please have the bottom portion of this form completed. You will notice that if you choose Option #2, it will require your signature, as well as, that of your child's physician. If any changes occur during the year, please notify your child's school nurse. (see heading on reverse of this form for the name and address).

Option #1: Your child comes to the health room where his/her inhaler is stored and uses it under supervision. The advantage is that the medication will be used correctly, in the proper amount, and a record of its usage will be maintained. A number of students do keep inhalers in the Nurse's office and come in before Gym class, recess or as needed.

All medications brought to school must be in their original prescription container and the medication form on the reverse side **MUST** also be fully completed.

Option #2: Qualified students may be allowed to carry their Inhalers/Epi-Pens. However, the student is still required to notify the Nurse or her Designee that the inhaler/epi-pen was used so that it can be documented. If the student is found to be misusing the medication, the parent and physician will be notified and the suggestion made that the student follow Option #1. A spare inhaler, provided by the parent, may be kept in the health room in case the student forgets or runs out of it. The advantage to this is the medication is immediately available.

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(Student to complete this section)

Contract Between Student, Parent, Physician and School Nurse for Permission to Carry Inhaler(s)/Epi-Pens.

1. Student agrees NEVER to share his/her inhaler with another person.
2. Student agrees that after two (2) puffs, if there is not marked improvement, he/she will immediately go to the nurse's office.
3. Student agrees if they use Epi-Pen, he or she must report to the Nurse's Office immediately.

Student Signature _____ Date _____

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(Parent to complete this section)

I give permission for my child (name & grade) _____ to carry the Inhaler/Epi-Pen described on the reverse side of this form. I understand that he/she must follow the rules listed above. I will notify the school nurse of ANY changes in medication or my child's condition.

Parent Signature _____ Date _____

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(Physician to complete this section)

I have instructed _____ in the proper way to use above medication. It is my professional opinion that this student be allowed to carry and self-administer said inhaler/Epi-Pen.

It is my professional opinion that _____ should not carry his/her inhaler/Epi-Pen. However, it is my opinion that the student may self-administer this medication under the supervision of the School Nurse or her Designee.

It is my professional opinion that _____ should not carry his/her inhaler/Epi-Pen or self-administer the above medication. The medication is to be kept in Nurse's office and administered by the School Nurse or her Designee.

Physician Signature _____ Date _____

Physician's Name (printed) _____ Phone # _____