

Sidney Central School District Health Services

Medication to be Taken at School or School Sponsored Events

ES Health Office #: 607-561-7705 **Fax #:** 607-563-9257 | **HS Health Office #:** 607-561-7707 **Fax #:** 607-563-7037

Student: _____ **DOB:** _____ **Grade:** ____ **School Year:** _____ **Teacher:** _____

Pediatrician / Licensed Medical Provider Order:

Orders are valid for one year. Meds will be given as close to the prescribed time as possible but may be given up to one hour before or after designated time. Please indicate any time-specific concerns.

Diagnosis	Medication Name, dose, time / frequency, route & stop date, if applicable (Sunscreen does not require an order; just parent consent)	Independent Yes / No Emergent Meds Only

Self-Administer Attestation from Medical Provider

Attestation: I attest that this student has demonstrated to me that he or she can **self-administer** the medication(s) indicated below safely and effectively, and may carry and use this medication (with a delivery device if needed) independently at any school/school sponsored activity. Staff intervention and support may be needed during an emergency. This student is diagnosed with:

- Allergy and requires Epinephrine Auto-injector
- Asthma or respiratory condition and requires Inhaled Respiratory Rescue Medication
- Diabetes and requires Insulin/Glucagon/Diabetes Supplies

Other:

_____ which requires rapid administration of: _____
(Diagnosis) (Medication Name)

Licensed Medical Provider Signature: _____ Date: _____

Phone #: _____ Address: _____

Parent / Guardian Consent: I request the licensed, school health, staff give the medication listed on this plan during school or school sponsored events. I will indicate below any emergency medications that I and my child's medical provider feel they can safely and effectively carry and administer on their own. The nurse will make the final determination that my child can take their own medications. Trained staff may assist my child to take their independent medications if needed. I will provide the medication in its original, labeled container. This plan may be shared with school staff caring for my child. Medication and refills must be brought to school by the parent, guardian or other responsible *adult*.

Emergency Medications my child can carry and administer independently

Signature of parent / guardian: _____ Initials: _____ Date: _____ Phone #: _____

Student Name: _____

Parent Consent Initials	Parent/Guardian Important Considerations
	Sunscreen: My child may carry and apply sunscreen that is FDA Approved, for the purpose of avoiding overexposure to the sun. My child may ask a staff member to assist them if they are unable to apply it themselves.
	Chap Stick/Lip Balm: to carry or request if available in the Health Office for the purpose of applying to lips to prevent chapped lips.
	Stock medications: I give the nursing staff permission to use the following stock medications, if they are available , if my child has a valid medical provider order on file, if I have not provided the medication in its original, labeled container: Epinephrine Auto-Injectors (Epi-Pen), Diphenhydramine (Benadryl) Acetaminophen (Tylenol) or Ibuprofen (Motrin).
	Verbal Orders: I give my consent for when a guardian or emergency contact is unable to be located and a student may be at risk for danger, such as a fever of 103, that the school nurse may attempt to contact the Pediatrician noted so a one-time, verbal order can be given to treat the problem. A nurse is not able to accept a parent's request to administer any medication unless they have a medical provider order on file.

- **Medication Disposal:** all medications must be returned to families at the end of the regular school year. Any medications not picked up must be disposed of and cannot be kept. Exceptions may be made for emergency medications that have not expired.
- **Medication Storage:** All non-emergent, room temperature and controlled substance medications will be kept locked in a cupboard designated for medications only. The Health Office will also remain locked when there is no staff in the office. Emergency medications shall be kept in: a designated cupboard that will be locked, the emergency "Go-Bag" (which will kept in a locked location) or in the student's school bag.
- **Transportation of Medication:** if a family has financial constraints that require the only available, prescribed, medication to be transported from home-to-school AND the student is not independent in carrying and administering the medicine, it can be transported on the bus, in a secure container. Staff can hand it off to a parent, guardian or other adult designated in writing by the parent/guardian.
- **Alcohol based sanitizers:** per the Medical Director's directive are permitted to be carried and/or used by students for the purpose of reducing the spread of infectious diseases if soap and water are not readily available.

School Nurse Determination of Independent Administration of Medication by Student

Medication(s):		
Reason for medication(s):		
This Student:		
Recognizes their medication	Yes	No
Knows how much medication they take	Yes	No
Knows what time to take the medication	Yes	No
Knows why they take this medication	Yes	No
Knows what happens when they don't take their medication	Yes	No
Knows when not to take/refuse their medication, if/when appropriate	Yes	No
Selection of Determination	Nurse Signature	Date
This student meets the criteria to be self-directing		
This student does NOT meet the criteria to be self-directing. Plan to assist student in becoming self-directed:		