

## **Instructions for Medication Administration During School Hours Prescription and Over-the-Counter**

### Prescription:

- Medication must be in its original container.
- Medication bottle must be clearly labeled with:
  - Students name
  - Date of Birth
  - Prescribing Doctor
  - Name of Medication
  - Dosage amount to be administered
  - Time the medication is to be administered in school only! Ex. If the student is only taking the medication at lunchtime and the bottles says twice daily this will not be accepted. It also cannot say once daily for a lunchtime dose. The bottle should indicate the time or time frame in which the medication is to be given. Breakfast or lunchtime is acceptable.
  - When sending refills they need to be sent in a bottle that is also clearly marked with above. We cannot accept medication that is not labeled as we do not know whom it was prescribed to or what the medication is. Please try to send refills before the medication is completely gone.
  - A Medication Administration form will need to be signed by a parent or guardian as well as the prescribing doctor giving the school permission to administer this medication while in school. (We have these available.)

### Over-the-Counter:

- Over-the-Counter medications can be kept here at school for an as needed basis such as Tylenol or Ibuprofen for headaches, menstrual cramps, orthodontic pain, etc. Benadryl for allergies, Hydrocortisone cream for rashes, or anything that is approved by the nurse.
- They will have to be in the original container and/or box. Preferably not yet opened.
- This medication will be labeled with your child's name and it will be theirs only. The remaining will be returned at the end of the school year.
- Unless you send a Doctor's note saying otherwise, we can only administer the recommended dose for your child's age or weight per the medication's label.
- A Medication Administration form will need to be signed by a parent or guardian before the medication can be given. You will need one form per medication, per child. (We have these available.)

\*\*\*\*If you have any questions/concerns or would like to request a Medication Administration form, feel free to contact the Health Office.

RVH Office 724-4327

MS/HS Health Office 724-4076