

MEDICATION POLICY

If a student must take medicine during school hours, a parent or guardian will need to see the school nurse to fill out the proper State required forms. Because of the responsibility placed upon the staff for giving medication, parents must comply with the following guidelines.

1. Parent / Guardian must fill out a permission form requesting the School Nurse or Destiny staff to administer medication.
2. Medication must be brought to the school by a parent / guardian. Students are not allowed to carry medications to or from school.
3. Prescription medication must be brought to school in the original, pharmacy labeled container with the students name on it. Any medication brought to school in a baggie, foil or unlabeled bottle will be destroyed. If tablets need to be split, please split them at home before they are brought to school. The school is not equipped nor authorized to split tablets.
4. Non-prescription medication provided by a parent / guardian must be brought in the original container or box and have the students name written on the container.
5. Pain Management medications that contain narcotics WILL NOT be allowed or administered during school hours regardless of a current prescription.
6. Parents / Guardians are responsible for picking up any remaining medication on the last day of school. Any medications not picked up will be discarded.
7. School supplied, Non-prescription medications can be dispensed by the school nurse or destiny staff to students who have a current, signed permission form on file. (See school nurse for form) These medications will be administered for a maximum of 2 consecutive days. A doctors order must be submitted to the school for administration beyond this 2-day period.

I HAVE READ THIS MEDICATION POLICY AND AGREE TO ADHERE TO THE ABOVE GUIDELINES.

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE

PHYSICIAN \_\_\_\_\_ HOSPITAL \_\_\_\_\_

MEDICATION / EMERGENCY MEDICAL TREATMENT CONSENT FORM

2017 - 2018 SCHOOL YEAR

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

I, \_\_\_\_\_ authorize the staff of Destiny School to  
(Print Parent / Legal Guardian Name)

Dispense and/or apply the medications or treatments listed below. They may also seek emergency medical treatment in my absence for my student. I agree to release Destiny School and all staff from any responsibility as a result of any problem that may arise from the administration of the medications, treatments or any emergency medical treatment.

MEDICATION WILL NOT BE ADMINISTERED WITHOUT A MEDICATION SELECTION AND A PARENT / GUARDIAN SIGNATURE ON THIS CONSENT FORM.

Please **INITIAL** the blanks next to the medication / treatment that may be administered to your student.

- |   |   |
|---|---|
| <input type="checkbox"/> Ibuprofen (200 mg.)                            | <input type="checkbox"/> Vapor Rub (for nasal congestion)   |
| <input type="checkbox"/> Tylenol (500 mg.)                              | <input type="checkbox"/> Orajel (mouth / tooth pain)        |
| <input type="checkbox"/> Jr. strength Tylenol (160 mg.)                 | <input type="checkbox"/> Cold / Hot packs                   |
| <input type="checkbox"/> Pepto Bismol ( liquid or chewable)             | <input type="checkbox"/> Bactine (wound cleaning)           |
| <input type="checkbox"/> Tums   | <input type="checkbox"/> Triple Antibiotic ointment         |
| <input type="checkbox"/> Childrens Benedryl (12.5 mg liquid)            | <input type="checkbox"/> Band-aid                           |
| <input type="checkbox"/> Benedryl (25 mg. tablet)                       | <input type="checkbox"/> Muscle spray (for strains/sprains) |
| <input type="checkbox"/> Benedryl gel / Calamine lotion (itching/bites) |   |
| <input type="checkbox"/> Childrens Cough Syrup                          |   |
| <input type="checkbox"/> Cough Drops                                    |   |

SPECIFIC ALLERGY TO ANY MEDICATIONS OR TYPE OF BANDAGE ( i.e bandaids,tape, etc.) :

\_\_\_\_\_

SPECIFIC ILLNESSES THE SCHOOL NEEDS TO BE AWARE OF:

\_\_\_\_\_

\_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_  
SIGNATURE