

# Prescription

# Lane Education Service District - Authorization for Administration of **Prescription Medication at School**

Name of Student		Date of Birth
• Parents: Please rev	view the information on the back of th	is form.
Name of Medication	(one medication per form)	
Start Date	End Date	
Prescription Numbe	r (Rx # from label of medication) _	
	macy label containing the name of the	self-administered by student must be in the original e student, name of the medication, dose, time, route,
Check one:	<b>ck one:</b> School staff to secure and administer medication to student.	
	Student to carry and self-administer	medication (see below)
per the instructions o		to allow self-administration of, medication to my child nderstand parents must pick up all unused medication ot picked up will be destroyed.
Signature of Parent or Guardian		Date
Self-Administration	Requests:	
• •	tion is self-administered, physician p gn the statement below.	ermission must be printed on the pharmacy label <u>or</u>
I give my permission	for the student listed above to carry a	and self-administer this medication at school.
Signature of Physician Physician Name (Print)		Date
For questions or furth	er information on Lane ESD medicat	ion policies or practices please contact Lane ESD.
		s. All requests for student self-administration of ved by the Lane ESD Program Administrator.

Signature of Program Supervisor \_\_\_\_\_ Date \_\_\_\_\_

**DBL/LESD 9/4/08** 

# Information for Parents about Medication at Lane ESD Classrooms

In order for school staff to administer medication to students, or for the student to self-administer medication at school, the form on the front of this sheet must be completed with all of the requested information and submitted to school staff. One form should be completed for each medication and a new form is required each school year.

Forms are available for prescription and for non-prescription medication.

Medication is to be submitted in its original, labeled, container. Prescription medication must have the pharmacy label attached to the container. Non-prescription medication must have the student's name on the container.

Medication is to be brought to and returned from the school by the parent.

It is the parent's responsibility to ensure that an adequate amount of medication is on hand at the school for the duration of the student's need to take medication.

Medication will not be administered, or self-administration allowed, until the necessary permission form has been submitted.

#### Self-Medication

Physician permission is required for self-administration of prescription medication.

Self-administered medication can not be approved until Program Administrator's permission is obtained. This permission will be obtained by school staff in a timely manner when a written self-medication request is received.

In grades K-8 self-medication of prescription and nonprescription medication is not allowed except in cases where a student must carry such medication on his/her person for immediate access.

The complete Lane ESD school medication administration policy and administrative rules are available at:

http://policy.osba.org/laneesd/J/JHCD%20D1.PDF

And

http://policy.osba.org/laneesd/J/JHCD%20R%20D1.PDF

### **Injectable Medication**

Students who require staff administration, or self-administration, of injectable medication at school can generally be accommodated in Lane ESD classrooms. Special arrangements need to be made due to legal and training requirements. Please contact your child's classroom teacher or the district nurse for information on these services.

The complete Lane ESD injectable medication policy is available at:

http://policy.osba.org/laneesd/J/JHCDA%20G1.PDF

Hard copies of all policies and administrative rules are available at the Lane ESD main campus 1200 Highway 99 N, Eugene, OR 97402. For questions or further information on Lane ESD medication policies or practices please contact the Lane ESD.

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