

Non-Prescription

MEDICATION (NON-PRESCRIPTION) AUTHORIZATION FOR ADMINISTRATION AT SCHOOL

Name of Student _	Date of Birth	
Parents must jSpecific instru	e review the information on the back of this form. provide all medication in the original, labeled contactions from parents are required for students to requency may not exceed instructions on medication	ceive or self-administer non-prescription medications.
Name of Medicatio	n (one medication per form):	
Start Date:	End Date:	_
Dose (How much?):		
If medication is to l	pe given "as needed":	
Specific reason to	give medication (for example "toothache"):	
How often may m	edication be given? Every hours.	
_	r of times during the school day?	
	to be given at a specific time(s):	
What time(s)?		
Route (circle one):	Mouth Ear Eye Nose Skin Other:	
Any special instruc	tions?	
Check one:	School staff to secure and administer medic	ation to student.
	Student to carry and self-administer medica	tion.
		F-administration of, medication to my child per the instructions last day of school and that any medication that is not picked up
Signature of Parent	t or Guardian	Date
For	questions or further information on medication	policies or practices please contact Lane ESD.
	taff for self-administration requests. All requests ion must be approved by the Lane ESD Program S	s for student self-administration of prescription or non- supervisor.
Signature of Progra	am Supervisor	Date

MEDICATION INFORMATION FOR PARENTS

In order for Lane ESD school staff to administer medication to students, or for the student to self-administer medication in a Lane ESD classroom, a Medication Authorization form 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 cannot be approved until the classroom Program Supervisor'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 of injectable medication at school can generally be accommodated in Lane ESD classrooms. Special arrangements may 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, Oregon 97402.