

Colonial Beach Public Schools

Colonial Beach High School

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Colonial Beach Elementary School

Grade:

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REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS

COLONIAL BEACH Public Schools require that if medication/treatments are to be taken by a student while he/she is in school, the school **MUST** have the following information completed and on file in the health clinic:

- 1. A signed order from the physician renewed yearly.
- 2. A signed consent from the parent or guardian.
- 3. The medication in the original container with pharmacy label (if prescribed).

THIS APPLIES TO ANY MEDICATION, PRESCRIPTION OR OVER THE COUNTER.

The medication must be kept in the school health office. It is the responsibility of the student to come for it at the proper time.

To be completed by the physician:

Student's Name:

Medication/Treatment:			
Medication/Treatment:			
		Precautions, Special Instructions, Possible Side Effects, C	Comments:
		Name of Physician (printed):	
		Signature of Physician:	Date:
Address:			
Telephone Number:			
To be completed by Parent or Guardian:			
I request that school personnel give the above medication/treat stated, according to the directions given. I authorize a represent information regarding this medication/treatment with the above I understand and agree to comply with the school's policies and of this form.	ntative of the school to share e health care provider if necessary.		
Signature of Parent/Guardian	Date		

REGULATIONS ON THE ADMINISTRATION OF MEDICATION/TREATMENT DURING SCHOOL HOURS

A. GENERAL POLICY

- 1. No pupil shall be given medication/treatment during school hours except upon the written request from a licensed physician who has responsibility for the medical management of the pupil. All such requests must be signed by the parent or guardian.
- 2. Medication should be brought to school by a parent/guardian.
- 3. Short term medications (such as antibiotics) may be given when the medication is in the original pharmacy container and the lower portion of the form is signed by the parent/guardian.
- 4. Permission forms must be renewed every school year.
- 5. School Nurses do not accompany students on field trips. Prior arrangements need to be made by parent/guardian and teachers for medication/treatment with approval of the nurse.

B. RESPONSIBILITY OF THE PARENT OR GUARDIAN

- 1. Parents or Guardians shall be encouraged to cooperate with the physician to develop a schedule so that the necessity of taking medication/treatment at school will be minimized or eliminated.
- 2. Parents or Guardians will assume full responsibility for the supplying of all medications (please ask pharmacist to provide a separate labeled container for the school).
- 3. Parents or Guardians should deliver any medication/treatment to be administered under this policy. All controlled medications (such as Ritalin, Dexedrine, and Percocet) will be counted and documented at the time of delivery by school personnel.

C. RESPONSIBILITY OF THE PHYSICIAN

- 1. A request form for each prescribed medication/treatment must be completed by the pupil's physician, signed by the parent/guardian and filed with the school nurse in the health clinic.
- 2. Medication containers must be clearly labeled with the following information:
 - a. Pupil's full name
 - b. Physician's name
 - c. Physician's telephone number
 - d. Name of medication
 - e. Dosage, schedule, and dose form
 - f. Date of expiration of prescription
- 3. Indicate to pharmacy if another bottle needs to be prepared for school use.

D. RESPONSIBILITY OF SCHOOL PERSONNEL

- 1. The school nurse or designee will assume responsibility for securing medication in a locked cabinet. Controlled medications will be counted and documented at the time of acceptance.
- 2. The school nurse or designee will administer all medications/treatments as ordered by physician and document date/time.
- 3. Discontinued or unused medication must be picked up by parent/guardian. If unclaimed by end of school year, the school nurse will properly dispose of all medications.