

Montgomery County Public Schools

Administrative Procedures for Administering Medications to Students

Administration of medications will be permitted on school property only when medically necessary and under direct supervision of appropriate staff. The first dose of any newly prescribed medication should always be given at home. You are responsible for notifying the school of any changes in the child's health or medication. For the safety of our students, the following procedures will be followed:

1. If prescription medications are to be given at school, The Montgomery County Medication Permission Form must be provided and signed by the doctor, or other licensed prescriber. The medication permission form must specify the name of the medication, dosage, and the time to be given. The medication permission form must also be signed by the parent or guardian of the student. A separate medication permission form must be completed for each medication.
2. If non-prescription medications are to be given at school, the medication permission form must be completed and signed by the parent or guardian and give the name of the medication, dosage, time to be given and the reason for administration. Non-prescription medication can be given **no longer than three (3) days in a row**, after which time a completed medication permission form from a doctor or other licensed prescriber must be provided.
3. All medication is to be **brought to school by the parent or guardian** in the **original**, properly labeled **container**. The information on the container must match the information on the medication permission form. Any change in the prescription requires a new permission form.
4. If a parent /guardian is unable to deliver the medication to the school, he or she **MUST CALL THE SCHOOL** to report that the medication is being delivered by the student. Be sure to send the medication permission form as well.
5. Children in grades 9-12 may self-administer **non-prescription medication** only with a completed medication form from the parent. This form must be on file with the school. The student may only carry the dosage to be used at school that day, in the original container.
6. Students with emergency medications, such as inhalers, epi-pens, or insulin, may carry and self-administer these medications only if written permission of a licensed prescriber and the parent is on file with the school. Parents of children needing such emergency medications are advised to contact the school nurse so a care plan can be developed.
7. Parents must provide refills of medication. Parent requests to withhold or discontinue medication may be reported to the prescribing doctor.
8. Medication *not* picked up by last day of school will be *destroyed or donated* to a free clinic.
9. If your child requires medication on a field trip, the medication (in its original container) must be given to the school nurse, **no later than 3 school days before the trip**.
10. **SHARING AND DISTRIBUTING MEDICATION WITH OTHERS MAY RESULT IN A RECOMMENDATION OF EXPULSION.**

Montgomery County Public Schools Medication Permission Form

We appreciate your help in avoiding the administration of medication during school hours. Whenever possible please have medication given at home, before or after school. Please complete a separate form for each medication to be given during school hours, on field trips, and/or after school activities.

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|---|-------------------------------|--|
| Name of Student (Last, First, MI): | | Student's Date of Birth (M/D/Y): |
| School: | Grade: | Teacher: |
| Allergies: | | |
| Medication: | | |
| Dosage: | Form/Route of Administration: | Time(s) of Administration: |
| If Medication to be given "when needed" describe indications and how often it can be repeated: | | |
| List significant side effects/adverse reactions to be reported to doctor: | | |
| Student is able to self administer medication: Yes____ No____ <i>(Emergency medications and/or grades 9-12 ONLY-See #5 and #6 on Administrative Procedures for Administering Medications to Students).</i> | | |
| Student authorized to carry own inhaler: Yes____ No____ | | |
| Start Date: | End Date: | In addition, this medication <u>must</u> be taken on a: (Circle all that apply) <i>Field trip, After school activity, Overnight field trip, Does not apply</i> |

A licensed prescriber's signature is required for all prescription medications.

This signature is also required for non-prescription medications to be given more than 3 consecutive days.

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| Date: | Physician/Licensed Prescriber Signature: |
| Phone: | Address: |

I request that authorized school personnel assist my child in taking the medication(s) described above while at school. I have read and accept the procedures listed in this manual. I authorize a representative of the school to share information regarding this medication with the licensed prescriber signing above. I understand that MCPS Board and its employees are not responsible for the effects of the medication administered.

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| Date: | Parent/Guardian Signature: |
| Home Phone: | Work Phone: |
| Emergency Phone/Contact Person: | |