

JOSEPH E. FISHER MEDICATION PROCEDURE

TO: Parents

FROM: Dena Lamb, RN
SOWIC School Nurse

In case you are unfamiliar with the school and state policy in the administration of medication to students, we would like to bring you up to date on this matter. If your child must have medication (prescribed or over-the-counter) during school hours, you have the following choices:

- You may come to the school & give the medication to your child at the appropriate time.
- You may discuss with your doctor an alternative schedule for administering medications. It is best to have it administered during non-school hours if possible.
- If it is necessary that school personnel administer medication to your child, one of the following must be done:
 - The physician may **FAX** an order to JEF @ **815-744-8525**.
 - You may obtain a copy of a **Medication Order Form** from the school nurse or school secretary & take it to your child's physician. (See back of page)

*Note: The form and/or physician's order must list the medication needed, dosage, and the number of times per day the medication is to be administered. This is required for both prescribed and over-the-counter medications.

The medication order is only good for the current school year. A new medication order is required for the next school year.

Prescription medication must be brought to school in a pharmacy labeled bottle, which contains instructions on how and when to be given. Over-the-counter medication must be received in the original container & will be administered according to the physician's written instructions.

Absolutely no medication will be sent home with a student. If medication is no longer needed at school, please make arrangements to come to the school to pick up medication.

In fairness to those giving the medication and the safety of your child, there will be no exceptions to this policy. Failure to follow the above instructions could place your child at risk for disciplinary action.

Thank you for your assistance in providing the safest environment for your child.

Medication Order Form				
Student Name:		DOB:	Grade:	
Medication Orders: (Circle either Rx or OTC)				
	Medication	Quantity	How Often	Comments
RX OTC				
RX OTC				
RX OTC				
RX OTC				
Pharmacy:			Telephone Number:	
Physician's Orders (Check those that apply)				
	I understand that this medication may be given by the school personnel other than a certified nurse.			
	This medication may be self-administered by the student under supervision.			
	This INHALER medication may be self-administered and carried by the student.			
Physician's Signature:		Telephone Number:	Date:	
Parent Permission I hereby give my child's school permission to supervise the administration of the above named medicine and permission to call the doctor/pharmacist as needed.				
Parent Signature:		Telephone Number:	Date:	
The physician or parent may FAX this completed form to Joseph E. Fisher School @ 815-744-8525 or email it to DLamb@sowic.org .				
Dena Lamb, RN SOWIC School Nurse				