



Lebanon City Schools Health Services

Bowman , 825 Hart Road, **Fax** (513)934-2466, **Phone** 934-5855 GR1-2, **Phone** 934-5486 PS-K
Donovan Elementary, 401 Justice Avenue, **Fax** (513) 934-2467, **Phone** 934-5406
Berry Intermediate, 23 Oakwood Avenue, **Fax** (513) 228-0084, **Phone** 934-5707
Lebanon Junior High, 160A Miller Road, **Fax** (513) 228-1043, **Phone** 934-5309
Lebanon High School, 1916 Drake Road, **Fax** (513) 933-2150, **Phone** 934-5115

School Medication Administration Letter

Dear Parent and Physician:

If your child must have medication of any type given during school hours, including over the counter medication, the following is our school's policy:

1. You may come to school and give the medication to your child at the appropriate time(s).
2. You must utilize the "Administration of Medication form" which must be completed by you and your child's physician if you wish for school personnel to administer the medication.

You and your physician must complete and sign all sections of the form or it will not be accepted. Students are not permitted to carry medication including to and from school. If your physician feels it necessary for your child to carry an inhaler, this must be indicated on the attached form. If your physician feels it is necessary for your child to carry an epinephrine injection, then please contact your school nurse to obtain a different permission form. Please understand that if you and your physician choose for your child to carry his/her EMERGENCY medication, then you are assuming responsibility that your child has the knowledge to self-administer at appropriate times, will not allow another student to have access to the medication, and we may not be able to locate the medication in the event of an emergency. Prescription medications must be in a pharmacy labeled bottle which contains instructions that match the physician's order on how and when to give the medication. Again, students are NOT permitted to carry medications, except for emergency use as stated above. **You must bring the medication to the office.** Over the counter medications must be in the original container labeled with your child's name. The attached form **must be completed and updated every school year** for both prescription and over the counter medications.

3. You may discuss with your doctor an alternative schedule for administering medications (e.g. outside of school hours).

School personnel will not administer any medication to students until they have received a medication form completed by you and your doctor as explained above. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy. If you have any questions about the policy, please contact the school nurse at your child's building.

Thank You.

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION

It is necessary that _____ have medication during school.

Medication	Dosage	Time	Duration

Diagnosis requiring medication: _____

If medication is "as needed", how soon can it be repeated? _____

Possible reactions to be reported to physician: _____

Procedure to follow if medication does not produce relief from student's emergency:

Special instructions for administration/storage of drug: _____

**** This form may not be used to grant permission to carry and self-administer an epinephrine injection. See school nurse for a copy of the appropriate permission form.**

If this form is being completed for an inhaler, do you wish for it to be:

- Carried and self-administered by student
- Stored in the office and given by trained school personnel

Physician's Signature _____ **Date** _____
Address _____ **Phone** _____

PARENT PERMISSION AND RELEASE

Student's Name: _____ Gender _____ D.O.B. _____
Address _____ Grade _____ School _____

I give permission for the medication ordered to be given at school and further agree to:

1. Deliver the medication to school. **Students may NOT transport medication.**
2. Notify the school if I change physicians and if the medication is changed or eliminated.
3. I give permission for my child to carry and self-administer inhaler **if indicated by physician above.**

Parent's Signature _____ **Phone** _____ **Date** _____

School Nurse _____ Date _____

Principal Approval _____

Signature of authorized personnel _____

Signature of authorized personnel _____

Signature of authorized personnel _____