

Category: 8000 STUDENTS	Policy Number: 8420
Policy Title: Administering Medications	Effective Date: January 11, 2006

If a student must take medication during the school day, the following guidelines will be followed:

PRESCRIPTION MEDICATIONS

1. If a school is being asked to administer medication, the parent/guardian must submit a completed district medication form (8420F) which is available at each school building office.
2. The medication must be in its original container and brought to the school office.
3. The student's name, prescription number, doctor, and directions must be clearly set forth on the container.

NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS

1. If the school is being asked to administer the medication, the parent/guardian must submit a completed district medication form (8420F), which is available at each school building office.
2. The medication must be in the original container and the student's name and directions for administering the medication must be written on the container.

INHALERS

1. A student who is permitted to self-administer asthma medication by way of a metered-dose or a dry powder inhaler pursuant to prescription or written direction from a physician shall be permitted to possess and use a prescribed inhaler at all times.

ADDITIONAL GUIDELINES

1. All medications that the school is being asked to administer will be kept in designated secured areas.
2. It is the student's responsibility to come to the office at the appropriate time to take his or her medication, unless the student has a disability and is unable to do so.
3. No medication that the school is being asked to administer will be dispensed without the completed district medication form (8420F) on file.
4. Non-prescription medications, such as aspirin or Tylenol, will not be provided to students upon request. Students must supply their own over-the-counter medications.

LEGAL REFERENCE:

Idaho Code Section 33-506 (1); Section 33-520

Reference: Parent Request for Administering Medication Form 8420F

Category: 8000 STUDENTS	Procedure or Form Number: 8420F
Policy Title: Administering Medications	Effective Date: January 11, 2006

**SNAKE RIVER SCHOOL DISTRICT #52
Parent Request for Administering Medication**

Student Name:

Grade Level:

Classroom Teacher:

I give permission for my child, _____ to take his/her medication while at school. I understand it is my responsibility to bring the medication in the **original childproof container** with written detailed instructions for the administrator or the administrator's designee to supervise as the child takes the medication.

The medication to be taken is _____ .

It is to be taken _____ times a day. The medication is to be administered from (Date) _____ to (Date) _____ , not to exceed the medication expiration date of _____ .

The dosage information is as follows:

Signed: _____

Date: