

MADISON-GRANT UNITED SCHOOL CORPORATION

MEDICATION POLICY

The Board of School Trustees of the Madison-Grant United School Corporation has adopted the following policy relating to medication in the schools:

Except as noted below, no prescription medication may be dispensed or administered by an employee of Madison-Grant United Schools except when prescribed by the pupil's physician and requested by a parent or guardian. When the parent or guardian requests such medication be administered to his/her child, it may be administered only by the school nurse, a principal, or principal's designee. All pupils taking medication should be encouraged to do so in the office.

No prescription medication shall be given or dispensed unless the dispensing school has on file a medical authorization form signed by the legal custodian of the child. All prescribed medication for an individual child should be kept in the original container bearing the original pharmacy label and the child's name.

All medicine should be kept under lock and key or otherwise inaccessible to students. Medication should not be left unattended at any time. All medication should be returned to the legal custodian or destroyed when no longer used or needed.

The parent or guardian of a pupil who is to receive medication shall furnish a written request (see form) to the school. This request will be required with each new medication and or annually.

This policy does not relate to emergency first aid which school employees are authorized to perform.

Adopted 3/10/80

MADISON-GRANT UNITED SCHOOL CORPORATION
MEDICATION FORM

In order for your child to receive medication at school, you will need to complete this form and return it to the school office.

Student's Name: _____

Birthdate: _____ Grade: _____

Parent's Name: _____

Name of Medication: _____

Purpose of Medication: _____

Dosage: _____

Times when medication is to be administered: _____

Anticipated length of time student is to receive medication: _____

Physician's Name/Address/Phone Number

I hereby authorize school personnel to administer medication as indicated above and agree to inform the school in writing of any change in medication, dosage, or times of administration for the student while at school.

Signature of Parent or Guardian

Date