



## CENTRAL BUCKS SCHOOL DISTRICT

*LEADING THE WAY*

The Central Bucks Schools will provide all students with the academic and problem-solving skills essential for personal development, responsible citizenship, and life-long learning

September 2017

Dear Parent/Guardian:

In an effort to protect our students, the Central Bucks School District has a medication policy that requires both parent and physician authorization. Medication will be administered to students during school hours only when such medication is needed by the student to remain in school and administration is required during school hours. Your child should not come to school on narcotic medication for pain management as these medications may cause dizziness, light-headedness and sedation which make it difficult for your child to function safely and effectively in school.

All medication, both prescription and non-prescription must be kept in the school health office. Medication will be administered to student during school hours only when such medication is required and accompanied by a doctor's order. School nurses are not permitted to dispense medication without a written order from a physician.

With written parent permission, the Central Bucks School District Medical Director's orders allow for acetaminophen and ibuprofen administration according to the manufacturer's suggested dosage. Any deviation from the manufacturer's recommended dosage of acetaminophen and ibuprofen require a medication dispensing form. Administration of certain non-prescription medications is available to all students. These medications include cough drops, Neosporin ointment and antacid tablets. Administration of all other prescription and non-prescription medications require completion of the medication dispensing form. The term "medication" includes prescription drugs as well as non-prescription medication, e.g. cortisone cream, cough medicine, etc.. Completion of the medication dispensing form requires signatures of both the parent/guardian and the physician. A separate form must be completed for each medication and be specific as to dosage.

Any medication to be administered by the certified school nurse or staff nurse must be delivered directly to the school nurse. Medication in baggies, aluminum foil, envelopes, old pill bottles or other family members' bottles is not acceptable and will not be administered.

In cases where the Medication Dispensing Form is not available and the administration of the medication is necessary nurses may obtain verbal orders from the prescribing physician. However any order for this medication to be given at school on the following day or future days must be accompanied by a completed Medication Dispensing Form signed by the parent/guardian and physician. In accordance with Act 187 of the School Code and CBSD procedures, students requiring rescue inhalers and Epi-Pens may be permitted to carry and self-administer medications with a signed physician's order, parental permission and competency assessment by the school nurse. Contact your school nurse with any questions or concerns.

Your cooperation in this matter is appreciated. Our concern is the health and well being of your children. Thank you.

Stay well,

John Kopicki  
Superintendent

**MEDICATION DISPENSING FORM**

***All medication, whether prescription or over-the-counter, must be kept in the school health room and be accompanied by a healthcare provider's order. The protocol for students requiring medication in school is as follows:***

- The health care provider must complete the top part of the form; parents/guardians must sign the bottom section, giving your permission to administer the medication in school.
- We will accept an order on a private prescription form attached to this page with parent/guardian signature in place.
- ***Medication will not be administered to any student in school without completed orders in place. Failure to provide documentation will require the parent/guardian to be present in school to administer the medicine personally.***
- Medications must be brought to school in the original labeled container and given to the school/staff nurse. **All controlled medications i.e. Ritalin, Concerta, Adderall must be delivered to the school nurse by an adult, counted and recorded on the student's medication log.**

**TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER/PHYSICIAN'S ASSISTANT/DENTIST**

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ DOSAGE: \_\_\_\_\_ FREQUENCY: \_\_\_\_\_

SPECIAL CONSIDERATIONS: \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_

EFFECTIVE DATES: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

**It is my understanding that the employees of the Central Bucks School District charged with the administration of this treatment/procedure during school hours rely on directions contained in this document. I further certify that I am the health care provider who prescribed the treatment and that the student named above is under my supervision as a patient.**

SIGNATURE OF HEALTH CARE PROVIDER: \_\_\_\_\_

PRINTED NAME OF HEALTH CARE PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ DATE: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

**As the parent/guardian of the above named student, I hereby request that the treatment described above be administered to my child and release the Central Bucks School District and its employees from liability for any damages my child may suffer as a result of this request.**

Signature of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_