



Medication Instructions and Procedure for Parents

- A doctor's order is required for **all** medications administered during the school day, **including** over-the-counter medication. Medication during school hours should be limited to what is absolutely essential for a child to remain in school.
- A signed Medication Administration Form must be on file for the current school year.
- All medication orders and Emergency Action Plans must be renewed **annually** at the start of the school year and **must be submitted 1 week prior to the first day of school**. New orders are required immediately for any changes to dose/administration time.
- If your child takes more than one medication during the school day, you will need to submit a Medication Administration Form for **each** medication.
- **Medication Authorization Forms and Emergency Action Plans are available on the Giant Steps website in the Parents Corner or available in hard copy upon request.**
- The initial dose of a new medication must be given at home.
- Medication must be sent to school in the *original pharmacy bottle*.
 - The label must include your child's name, the name of the medication, correct dosage, and current date.
 - Most pharmacies will provide a labeled bottle for school use upon request.
 - Over-the counter medications must be sent in the original packaging.
- Place all medication bottle(s) in a sealed envelope labeled with your child's name.
 - Please indicate the number of pills sent in for each medication.
 - If the dose for the medication is ½ a tablet, you must cut pills before sending.
 - Bottles will be sent home for refill when empty.
- Medication **WILL NOT** be sent home over breaks unless:
 - A refill is needed
 - The medication has been discontinued
 - Prior arrangements have been made by notifying the classroom teacher and school nurse *1 week in advance*.
- All medication will be sent home at the end of summer session.

**Medication will not be given without a physician's order for the current school year and signed Medication Authorization Form on file. Medication must be sent to school in an appropriately labeled container dispensed by the pharmacy or manufacturer and must have a current date (expired medication will not be given).

MEDICATION ADMINISTRATION FORM

This form must be completed in its entirety or medication will **not be administered at school.**

Student Name: _____

School: Giant Steps

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A doctor's order is required for **all** medications administered during the school day, **including** over-the-counter medication.

PLEASE BE SURE THE FOLLOWING STEPS HAVE BEEN TAKEN:

- | | |
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| <ul style="list-style-type: none">▪ All medication must be in the original container and clearly labeled.▪ Most pharmacies will provide a labeled bottle for school use upon request. | <p>Prescription medication label must indicate:</p> <ul style="list-style-type: none">▪ Your child's name▪ The name of the medication▪ The correct dosage, and▪ The current date |
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The written statement below, signed and dated by the attending physician, supporting this parental request is required. The physician's statement must provide clear directions for administering the medication in school.

1. I do hereby request and authorize lawfully prescribed medication to be administered or attempted to be administered to my son/daughter and I give permission for staff to contact my child's doctor regarding administration and effects of the medication ordered.
2. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices.
3. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
4. I will hold harmless and indemnify Giant Steps, its employees, agents, and any third party contracted individuals, either jointly or separately, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration or attempted administration of said medication.

Parent/Guardian Signature: _____

Date: _____

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Medication during school hours should be limited to what is absolutely essential for a child to remain in school.

Student Name: _____

Date of Birth: _____

Medication Name: _____ **Dosage:** _____ **Route:** _____

Frequency: Scheduled PRN **Time to be administered:** _____

Indication: _____

Side effects: _____

Order valid for: Current school year, including Extended School Year
 Other (specify): _____

Administration instructions: _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____ Physician's Phone: _____

Physician's Address: _____

Questions? Call (630) 864-3800. Please fax completed forms to (630) 864-3820.