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.

Dear Parent:

In an effort to protect our students, the Central Bucks School District has a medication policy that requires both parent and physician authorization.

All medication, both prescription and non-prescription must be kept in the school health office. Medication will be administered to students 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.

If parents give permission as indicated on the emergency card, 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 medication is available to all students. These medications include cough drop, 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 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 school personnel must be delivered directly to the school nurse, the school principal or his/her designee. 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.

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

Sincerely,

Superintendent

Central Bucks School District
16 Welden Drive Doylestown Pennsylvania 267-893-2000

MEDICATION DISPENSING FORM

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. **No medication will be administered to any student without proper completion of the Medication Dispensing Form.** The form should also be used for non-prescription drugs when prescribed by a physician or dentist.

All medication to be administered by school personnel must be delivered in **the original and properly labeled container** to the school nurse, principal, or the principal's designee along with the Medication Dispensing Form. Prescription and non-prescription medicine will be locked in the nurse's office. **All controlled medications must be delivered to the school health office by an adult, counted and recorded on the student's medication log.**

In the absence of the school nurse or health room associate, the principal or the principal's designee will administer the medication. In cases where the Medication Dispensing Form is not available and administration of the medication is necessary, registered nurses may obtain verbal orders from the attending physician by phone. Such verbal orders may be documented on the Medication Dispensing Form by the school nurse. In order for the medication to be administered the following day, a signed Medication Dispensing Form must be received from the parent or guardian. Failure of the parent/guardian to provide documentation will require the parent/guardian to be present in school to administer the medication personally.

TO BE COMPLETED BY PHYSICIAN /DENTIST

Student's Name:_____ Age:_____ Grade: ____ School: _____

Name of Medication._____ Specific 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 physician or dentist who prescribed the treatment and that the student named above is under my supervision as a patient.

Signature of Physician/Dentist:_____

Printed Name of Physician/Dentist. _____

Address: _____

Telephone: _____ Fax: _____ Date: _____

TO BE COMPLETED BY PARENT/GUARDIAN

As 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 or Guardian: _____

Home Telephone:_____ Work Telephone:_____