



**NEWMAN INTERNATIONAL ACADEMY**  
 Student Health Services  
 Administration of Medication by School Personnel



**Medication Administration Policy**

The school nurse or other trained non-healthcare personnel may administer medication when such treatment is necessary for school attendance and cannot otherwise be accomplished. All medications, given three times per day or less, should be given outside school hours. For example: three times a day medications can be given before school, after school and at bedtime. If necessary for medication to be given at school the following conditions must be met:

**Prescribed medication:**

- The first dose must be given at home in case of unexpected allergic reaction.
- Medication must be brought in by parent in original container, properly labeled by the pharmacy. Parents must supply any special equipment necessary to administer medication.
- Medication will not be given without specific written request signed by parent/guardian and physician.
- Medication must be kept in the clinic, including cough drops, with the exception of inhalers that physician may deem necessary for student to carry on their person. In this case, physician must sign the appropriate box below. All rules regarding medication given at school still apply. If student is misusing inhaler, the privilege will be revoked. A second inhaler should be kept in the clinic.

**Over-the-counter medications:** Same rules apply as with prescribed medications except that they can be given with parent authorization only, physician signatures are not required. The medication can only be given as directed by the manufacturer and must be FDA approved. Aspirin is not an approved medication for children and will not be administered without physician prescription.

**End of the school year:** All medication must be picked up from the clinic by the last day of school. Any medication left at the end of the school year will be disposed of by the nurse the following day.

<b>Student Information</b>
Name _____ DOB _____ Grade _____ Teacher _____
<b>Medication/Physician Information</b>
Medication Name _____ Start Date _____ End Date _____
Medication Dose _____ Route _____ Time/Frequency given at school _____
Diagnosis/Reason for Medication _____
Physician Name (Please print) _____ Physician Phone Number _____
Physician Signature _____ Date _____
<b>PHYSICIAN AUTHORIZATION FOR EPI-PEN AND/OR INHALER TO BE CARRIED ON PERSON AND SELF-ADMINISTERED</b>
In my opinion, it is necessary for the above named student to carry and self-administer their Epi-pen and/or rescue inhaler. Student has demonstrated ability to correctly administer medication and understands dosage and frequency. A backup Epi-pen and/or inhaler must be supplied to the clinic for emergencies. Epi-pen Inhaler
Physician Signature _____ Date _____
Parent/Guardian Signature _____ Date _____
<b>PARENT AUTHORIZATION</b>
I request that the above medication be administered by school personnel to my child, _____.
Parent/Guardian Signature _____ Date _____
<b>Office Use:</b>
Nurse Signature _____ Date _____
<b>End of school year</b>
Stop date: _____
Returned to: _____ Date/Time _____/_____
<b>Discard Medication</b>
Witness _____ Date _____