

NEW KENT POLICY FOR ADMINISTERING MEDICATION AT SCHOOL  
APPROVED JUNE 96

Under certain unusual circumstances when it is necessary for a student to take medication during school hours, the nurse may cooperate with the family physician and the parents if the following requirements are met:

1. Under the Nurse Practice Act, all medicines (prescription and/or Over-the-counter) must be prescribed by a physician.
2. There must be a written order from the physician stating the name of the medicine, the dosage, and the time to be given.
3. Medicine sent to the school must be in its original container in order for it to be administered to students.
4. There must be written permission from the parent to administer the medication to the child. Forms are available from the school clinics.
5. No medicines will be provided by the school system.
6. The medicine must come to the nurse in the prescription bottle or Original container as the case of over-the-counter preparations, **AND BE TRANSPORTED TO AND FROM THE PRIMARY, ELEMENTARY, AND MIDDLE SCHOOLS BY PARENT, GUARDIAN, OR ADULT DESIGNATED BY PARENT OR GUARDIAN.** High School students must turn in all medications to the clinic or office upon arrival to school.
7. **All medication administration forms must be renewed each school year.**

Please feel free to contact your school nurse with any questions you may have or special circumstances that may exist. Together we can work for the safety and well-being of all our students.

## PART A – PHYSICIAN’S NOTE

I certify that in my opinion it is medically necessary that the medication prescribed below be administered to \_\_\_\_\_ during school hours and that this medication may be administered by school personnel.

Prescription Medication: \_\_\_\_\_

Over the Counter Medication: \_\_\_\_\_

Dosage & Time: \_\_\_\_\_

Duration: \_\_\_\_\_

Condition Prescribed for: \_\_\_\_\_

\_\_\_\_\_  
M.D.

\_\_\_\_\_  
Date

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## PART B – PARENT’S NOTE

I, \_\_\_\_\_, the parent or guardian of \_\_\_\_\_, request that the School Nurse or principal designee administer the medication prescribed above to my child during school hours. I understand that the person (principal’s designee) may be a non-medical person giving medications, and I agree that I shall not hold such persons or the School Board of New Kent liable in any way for any harm or injury resulting from administration of such medication. I also agree to furnish said medication in the bottle supplied by the drug store with the label intact. I also give consent for medication verification, when necessary, with child’s doctor and/or pharmacist.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date