

# Request for Supervision of Self-Administration of Prescription Medication at School

Albany County School District One  
Laramie, Wyoming

School: \_\_\_\_\_

Grade/Teacher: \_\_\_\_\_

## STUDENT INFORMATION

Name: \_\_\_\_\_  
*last name*                      *first name*                      *nickname/name used (if different)*

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ years Weight: \_\_\_\_ pounds

Allergies: (Please circle if applicable) NKDA (no known drug allergies) (OR list any drug allergies below):  
\_\_\_\_\_

## MEDICATION INFORMATION (To be completed by the prescribing physician or practitioner.)

(NOTE: EVERY MEDICATION MUST BE IN ITS ORIGINAL PHARMACY CONTAINER.)

Name of Medication: \_\_\_\_\_

Expiration date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Dosage: \_\_\_\_\_

Time(s) to be taken at school: \_\_\_\_\_

Route (how medication is to be taken): (Please circle) oral inhaled to skin to eyes to ears  
other (Please explain): \_\_\_\_\_

Diagnosis/Health Concern: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Other Medications Currently Taken by Student: \_\_\_\_\_

Comments/Additional Information: \_\_\_\_\_

Physician/Practitioner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### By signing below,

1. I am requesting that the medication listed above be taken by my child as directed above, only under the supervision of designated school personnel. I understand that it is my child's responsibility to report to the nurse's office for this purpose.
2. I acknowledge having read and understood Albany County School District One's Policy on Medication Self-Administration at School, which is printed on the back of this form.

\_\_\_\_\_  
*parent/guardian signature*

\_\_\_\_\_  
*date signed*

\_\_\_\_\_  
*emergency contact phone number*

### APPROVED BY:

School Nurse: \_\_\_\_\_ date: \_\_\_\_\_

School Principal: \_\_\_\_\_ date: \_\_\_\_\_

## MEDICATION SELF-ADMINISTRATION AT SCHOOL

Parents have the ultimate responsibility for maintaining their child's health and well being. In certain circumstances however, it will be necessary for the school to assist the parent in that responsibility through supervision of self-administration of medication within the school setting. When your child must have medication of any type, including over-the-counter medicine, during school hours, you have the following choices:

1. You may discuss with your doctor an alternative schedule of medication so it can be given outside of school hours.
2. You may come to school and give it to the child at the appropriate time.
3. You may get a medication form from the school and have your physician fill out and sign the form and then return it to school with the medication. Forms for over-the-counter medications need only be signed by the parents, but all medications must be approved by the principal and/or the school nurse prior to the student being allowed to self-administer the medication.

Each medicine to be self-administered by the student shall only occur under the supervision of designated school personnel. Designated district personnel may include school nurses, school secretaries, school monitors, teachers, substitute teachers and secretaries, and the principal. Neither the District, nor any of its personnel, shall be responsible for medication self-administered by a student or administered by the parent or legal guardian without supervision by district staff. Likewise, the district and its personnel will not be responsible for the drug itself. Supervising personnel will only ensure that the medication is taken in specified dosages at specified times.

The "Request for Supervision of Self-Administration of Medication at School" form must be completed and maintained on file with the school office prior to students being allowed to take any medication at school.

Medication must be in its original pharmaceutical container. If not in the original container, it shall not be taken. Medications must remain in the designated secured area of the school (school office or nursing office). Students are not permitted to keep their medicine while at school.

Inhalers may be carried by a student when the "Request for Student Self-Administration of Inhaled Asthma Medication" form is marked YES and signed by the physician, parent/legal guardian, and is on file in the school nurses office.

A record shall be maintained of each time the medication is taken, including the child's name, medication name and dosage, time, date, and signature of the person who supervised the self-administration.

In fairness to those supervising the self-administration of medications and for the safety of your child, this policy must be followed strictly. We ask this, not to make things difficult for you, but to insure the health and well being of all students.