



## Important Information on Initiating Medications for Students in Loveland Schools & Permission to Dispense Form

The Loveland Schools medication policy, based on Loveland Board of Education policy, requires that the following steps be followed when initiating medications for students in the Loveland City School District:

- The *Permission to Dispense Form* is only for medications that absolutely must be administered during school hours. Medications that can be given at home (for example, meds given once a day; antibiotics given 1-3 times a day) should be given at home.
- The *Permission to Dispense Form* is filled out completely by the physician and parent/ guardian with only **one** medication per form.
- Medication is delivered to the appropriate school by an adult. **Medication is not to be transported by the student unless approved by the district nurses.** Medications include (but are not limited to) pills, lotions, cough drops, eye drops, Tylenol/Advil, etc.
- Medication must be delivered in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name, and prescription number. Over-the-counter medications must be in their original, unopened container, properly labeled with the student's full name and dosage noted on the label. These labels must match the physician's orders to be accepted.
- As medications are changed or adjusted, another *Permission to Dispense Form* must be filled out by the physician and parent/guardian.
- In order for a medication to be eliminated, we must have a physician's and/or parent's signature in written form to do so. To restart a medication a new *Permission to Dispense Form* needs to be filled out completely. If the physician changes, notify the school.
- For medications requiring liquid measurements, the proper measuring utensil must be provided e.g. 1/2 teaspoon ordered requires a utensil that measures 1/2 tsp. exactly.
- All medications must be picked up at the end of the school year by an adult or they will be disposed of properly.
- Orders for medications are valid only for the current school year in which they are written.

**In the event that the above rule regarding the transportation of medication is not followed, the following action steps will be taken:**

- If medications are sent in with a student, the school nurse will contact the family by telephone to reinforce that this is not allowed by policy. A written letter signed by the Superintendent will also be sent.
- For a second offense, the student may be suspended until the principal, nurse, and parent can meet to discuss the situation.

If you have any questions or concerns, please feel free to contact the nurses at 677-7973 and leave a message.

Judy Leamy RN & Vicki Falconi-Young RN, School Nurses, Loveland City School District

***Detach and keep this copy for your records.***

# Permission To Dispense Form Loveland City Schools

**\*Only one medication per form\***

**\*\*Only for medications that must be administered during school hours\*\***

PARENT/PHYSICIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

## TO BE COMPLETED BY THE CHILD'S PHYSICIAN:

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Name of medication: \_\_\_\_\_ Date of authorization: \_\_\_\_\_  
Reason for medication: \_\_\_\_\_  
Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ How administered \_\_\_\_\_  
Date to begin administering medication \_\_\_\_\_ Date to terminate \_\_\_\_\_  
Time(s) to be given at school (exact time): \_\_\_\_\_  
Possible side effects/adverse reactions: \_\_\_\_\_  
Special conditions for storage of drug: \_\_\_\_\_  
Student may carry inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_ Student instructed in use of inhaler: Yes \_\_\_\_\_ No \_\_\_\_\_ (Print or Type)  
  
Physician \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_  
  
Physician's signature \_\_\_\_\_

## TO BE COMPLETED BY THE PARENT:

Loveland Board of Education policy (Student Section, JHCD) requires consent of physician/parent/guardian before medication can be given to a child by school personnel. The following information is necessary in order to comply with this policy. Return completed form to your child's clinic. Answer all questions to expedite service requested.

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip \_\_\_\_\_ Telephone # \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher \_\_\_\_\_  
Pharmacy: \_\_\_\_\_ Telephone # \_\_\_\_\_

The undersigned agrees not to file or make any claim against anyone for negligence in connection with administration or non-administration of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I request school personnel to administer the medication as instructed and agree to (1) **deliver the medication to the school in the original container from the pharmacist with the label showing the child's name, dosage directions, doctor's name and prescription number** and (2) notify the school if I **change physicians or if the medication is changed or eliminated**. I understand it is the student's responsibility to report on time for this medication. I understand that **students may not transport medicines** (includes, but is not limited to, pills, lotions, cough drops, eye drops, Tylenol, etc.) to or from school. Exceptions made by the district nurses only.

I give my permission for the principal or his/her designee to administer the prescribed medication.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Daytime Telephone # \_\_\_\_\_ Email Address \_\_\_\_\_

**THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR AND  
MEDICATION WILL BE DISPOSED OF AT THAT TIME.**