Guidelines for initiating medication administration in the school setting.

Permission to Dispense Medication Form attached.

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 Medication 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 Medication 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 Medication Form must be filled out by the physician and parent/guardian.
- When discontinuing medication, 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 Medication 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. Auvi-Q’s and epi-pens must be picked up by the last day of school.
- Maximum number of doses for each medication are 30 doses.
- 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.

- The District Nurses

Detach and keep this copy for your records.
Permission to Dispense Medication 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:__________________
For inhalers only, student has been instructed on its proper use and may carry on person: Yes________
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____
Student may carry epi-pen: Yes____ No____ Student instructed in use of epi-pen: Yes____ No____
(Print or Type)
Physician__________________ Telephone #__________________
Physician's signature__________________

TO BE COMPLETED BY THE PARENT:

Loveland Board of Education policy (5330) 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 authorize the exchange of information between the health care provider and
the school regarding this medication when deemed necessary by school personnel.

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

Signature of Parent or Guardian_________________________ Date __________________
Daytime Telephone #_________________________

THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR AND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

Revised August 2019