

# St. Nicholas School Prescription Medication Protocol INFORMATION ONLY!

[Form is on other side.]

Complete and return the *Authorization for Administration of Prescription Medication* to the school **(with medication) ONLY if/when** there is a current need for your child to be given prescription medication while at school.

1. **Forms:** Before any prescribed medications can be given, the following forms MUST be on file:
  - a. **An authorization form for administration of prescribed medication**
  - b. **A current St. Nicholas Medical Release Form**
  - c. **A state of Tennessee Green Form for Immunizations**
  
2. **Administered by:** Medication is administered by authorized personnel only. When possible, there is one designated mid-day time for dispensing ALL medication.
  
3. **Medication labeling:** All medication that is to be administered MUST be in a bottle appropriately labeled by the pharmacist. The label must include student's name, name of medication, dosage, times administered, and prescribing physician's name. The directions for administering must be current and match contents of bottle.
  
4. **Changes in dosage or alteration of medication:** Any changes in administering the medication (amount of dosage, deletion of dosage, type of medication, time of dispensing, or change in the type of medication) MUST be submitted in writing to the school office. This notification letter is attached to the authorization form for administration of prescribed medication. A new Medication Protocol may also be submitted. The letter may be faxed to the school office (attention: April Cooley or Anne Lee).
  
5. **Medication Transport:** All medication should be brought directly to Anne Lee in the School Office or handed to the cottage teaching assistant. Under NO circumstances are medications to be in the possession of the child at school. Inhalers for asthma are to be kept in the cottage with the teaching assistant; however, if needed, they may be transported to and from school daily by the parent (suggestion: a duplicate inhaler to be kept in the cottage).
  
6. **Daily Record:** Students are required to take the medications as prescribed. A daily log is kept.
  
7. **Updating information:** A new form must be on file every year. Should there be a change in administering, a letter must be forwarded to the school office to be attached to this form or a new form completed.

This is not intended to be a comprehensive permission form, but is used on an as-needed basis.  
Complete and return this form and return it to the school ONLY if there is a current need for your child to be given prescription medication while at school, or at the time the need arises.

This form must be completed, signed, and dated to be valid. It must be on file at St. Nicholas.  
**NO prescription medication will be dispensed until this form is on file.**

## AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION

This form may be found in the school office  
or downloaded as needed from the website: [www.stns.org](http://www.stns.org)

All **prescribed** medications (i.e., antibiotics, insulin, allergy medications) taken during school hours must be given to authorized school personnel and dispensed only by authorized school personnel.

Anytime a **new prescription** is to be given at school, **an authorization form must be completed.**

For **any change** in the dispensing of the medication listed below, **a letter must be forwarded to the school office to be attached to this form or a new form completed.** There are additional forms at the front desk, or the forms can be downloaded from [www.stns.org](http://www.stns.org).

***Return form to the school office.***

1. Name of student \_\_\_\_\_ Level \_\_\_\_\_
2. Name(s) of parent(s) \_\_\_\_\_  
Phone numbers:  
Parent c: \_\_\_\_\_ h: \_\_\_\_\_ w: \_\_\_\_\_  
Parent c: \_\_\_\_\_ h: \_\_\_\_\_ w: \_\_\_\_\_
3. Physician prescribing the medication \_\_\_\_\_  
Physician's office phone number \_\_\_\_\_
4. Medication name \_\_\_\_\_  
Dosage \_\_\_\_\_
5. Special requirements for administering (*must be taken with food, etc.*):  
\_\_\_\_\_
6. Special measures for St. Nicholas to know in regards to administering the medication (*may need to have water in a cup, may "pretend" to swallow the pill, etc.*)

*We, the undersigned, hereby waive all claims which might arise from administration of prescription medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless St. Nicholas School, its members, officers, employees, and agents from any and all liability relative to the administration of such medication so long as the St. Nicholas employees are not grossly negligent.*

Date \_\_\_\_\_ Parent signature \_\_\_\_\_