

Forest Hills School District

THE FOREST HILLS SCHOOL DISTRICT HAS IMPLEMENTED THE CURRENT POLICY REGARDING THE WAY SCHOOL NURSES DISPENSE NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS

ANY NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION, OTHER THAN WHAT IS LISTED BELOW, MUST HAVE AN ORDER FROM A LICENSED PRESCRIBER BEFORE IT CAN BE DISPENSED BY SCHOOL NURSES. SEE THE ATTACHED FORM TO BE COMPLETED BY THE PARENT AND THE LICENSED PRESCRIBER (DOCTOR, PHYSICIAN'S ASSISTANT).

The Pennsylvania Department of Health requires school nurses to have a medication order from a licensed prescriber for non-prescription (over-the-counter) medications. School nurses **cannot** dispense any non-prescription (over-the-counter) medications to students that are **not** covered under the school physician's standing orders. However, when parents sign the Emergency Procedure Card, school nurses **may** dispense the following medications (or generic equivalent) as prescribed by the school physician:

- Tylenol (Acetaminophen) or Ibuprofen
- Tums (antacid)
- Benadryl
- Calamine Lotion
- Sucrets
- Blistex
- Sting Kill Topical
- Anbesol
- Neosporin Ointment

A signed medication order from a licensed prescriber is needed only when the non-prescription medication is **not** on the list above.

The non-prescription (over-the-counter) medication procedure is in effect for the 2019-2020 school year. Regulations for transporting of non-prescribed medications will follow the prescribed medication regulations.

THE REGULATIONS FOR TRANSPORTING AND DISPENSING OF PRESCRIBED MEDICATIONS HAS NOT CHANGED FROM PREVIOUS YEARS.

Forest Hills School District

GUIDELINES FOR DISPENSATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICINES

The guidelines of the Forest Hills School District indicate that all children's medications be administered at home. Medications other than those covered by the school doctor's standing orders (indicated on the Emergency Procedure Card) **MUST** have a medication order from a licensed prescriber. This includes over-the-counter nonprescription medication. However, if under exceptional circumstances a child is required to take medication during school hours, the parent and student must comply with school regulations. These regulations include the following:

1. Written request from the licensed prescriber that medication be administered to the student. Included must be the name of the student, name of medication, dosage, time to be administered, diagnosis, and possible side effects.
2. Students are not permitted to transport medication to school.
 - a. **All medication must be brought to school by a parent/guardian** or responsible adult.
 - b. All medication must be in a **prescription bottle** with **current date** and the name of student on the bottle. Medications in plastic bags or containers other than original containers are **NOT** acceptable.
 - c. Parent/Guardian must send enough medicine to school to cover the prescription until a refill is needed.
 - d. Parent/Guardian must anticipate when school medication supply will run out in order to replenish supply.
 - e. Empty medication containers will not be sent home with students.
3. Under no circumstances will any student be permitted to transport medication, except for inhalers for asthma, insulin for diabetes, or Epinephrine for allergic reactions as ordered by a licensed prescriber.
4. Medication that is to be given 3 times a day may be given before school, immediately after school, and at bedtime – **at home**.

These regulations are for the safety and protection of all students in the school district. Your cooperation with these guidelines will be greatly appreciated.

Sincerely,



David L. Lehman
Superintendent

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Forest Hills School District

OVER-THE-COUNTER NON-PRESCRIPTION AND PRESCRIPTION MEDICATION ADMINISTRATION CONSENT & LICENSED PRESCRIBER ORDER

Student Name: _____ Date/Time: _____

School: _____ Teacher/Grade: _____

In accordance with school policy, medication(s) should be given at home before and/or after school. However, when this is not possible, prior to receiving the medication at school, each student must provide the school nurse with a Medication Administration Consent form signed by the student's parent/guardian and a Medication Order from a licensed prescriber. All medications must be in an original prescription bottle/container from a pharmacy.

Parent/Guardian Consent:

I give my permission for my child, _____, to receive the following medication ordered by a licensed prescriber during the school day. I understand that the medications will be given by school health personnel according to my child's licensed prescriber's directions.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed: _____ Phone: _____

I hereby release, discharge, and hold harmless the Forest Hills School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

Licensed Prescriber Medication Order:

Patient's Name: _____ Date: _____

Name of Medication: _____

Route and Dosage: _____

Time of Administration: _____

Directions: _____

Diagnosis/Purpose: _____

Discontinuation Date: _____ Allergies: _____

Licensed Prescriber Signature: _____

Licensed Prescriber Name Printed: _____ Phone: _____