

**OAK RIDGE SCHOOLS
AUTHORIZATION FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS**

The medication administration policy of the Oak Ridge School System states: every effort should be made to avoid the necessity of children being given medication at school. If under exceptional circumstances a student is required to take medication during school hours, only the school nurse or the principal's designee may assist the student. It is the parent/guardian's responsibility to bring this medication to school and remove any unused medication when treatment is completed. (Prescription medication must have a proper pharmacy label. Non-prescription medication must be in a new **UNOPENED** container with current expiration date.) All medication shall be kept in a locked container. (Inhalers may be kept with student if noted by physician below. Parent and student must sign the Medication Exemption form ORS-191ES). **Written authorization is for the current school year only.**

Medication to be given on a short-term basis (two weeks or less), prescription or non-prescription with adequate instructions provided, requires the **PARENT** to complete and sign.

Medication to be given longer than two weeks, the **PARENT** and **PHYSICIAN** portions of the form must be completed.

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER

STUDENT NAME: _____		SCHOOL: _____		BIRTHDATE: _____		SEX: _____	
NAME OF MEDICATION: _____				REASON FOR MEDICATION: _____			
Allergies: <input type="checkbox"/> None		Describe: _____		Type of Reaction: _____			
Form of medication/treatment: _____							
Dosage: _____ Schedule (Time(s) of administration): _____							
Restrictions and/or important side effects: _____				None anticipated _____		Yes PLEASE DESCRIBE:	
_____ Special Storage							
Requirements: _____ None _____ Refrigerate _____ Other (Describe)							
The student is both capable and responsible for assisted self-administering this medication:							
_____ Yes, with supervised assistance				_____ No, student cannot administer			
_____ Student may carry this medication (Emergency meds only – Inhaler, Epi Pen, Benadryl, Glucagon)							
Physician's Signature _____						Date _____	
Physician's Name: _____		Address: _____		Phone Number: _____			

TO BE COMPLETED BY PARENT/GUARDIAN

It is understood that the medication is administered to the student listed above solely at the request of and as an accommodation by the undersigned parent or guardian. I give permission for my child to be assisted with the medicine(s) described above at school by authorized persons or permitted to medicate herself/himself as also authorized by me and the physician.

***I give permission to the Oak Ridge Schools to contact the prescriber for questions.** _____ YES _____ NO

I agree to release the Oak Ridge School System and its personnel from any liability arising out of the administration of the medication to the student. **I will assume full responsibility for any side effects and complications that my child may have as a result of taking this medication.**

Parent Signature: _____ Phone Number: _____ Date: _____

THE FOLLOWING TO BE COMPLETED BY SCHOOL PERSONNEL

School: _____ Medication shall be kept by: _____ Office _____ Teacher _____ Student _____ Clinic

Signature of school personnel to administer medication: _____ Date: _____

**PROCESS FOR MEDICATION ADMINISTRATION WITHIN OAK RIDGE SCHOOLS
PRESCRIPTION AND NON-PRESCRIPTION
(PARENT AND STAFF INFORMATION SHEET)**

- 1) Parent/guardian requests medication to be administered during the school day.
- 2) Parent/guardian obtains from school ORS-191 Medication Authorization form.
 - a. If medication dispensing less than two weeks, parent(s) will complete ORS-191 authorization form.
 - b. If medication dispensing is beyond two weeks, prescribing physician must complete ORS-191 form.
- 3) Parent will personally deliver to the school the completed ORS-191 authorization form and medication in the appropriately labeled container. No more than one month's supply will be stored. The principal's designee will receipt the number of dosages received. You may ask pharmacist for a separate medicine bottle to keep at school.
- 4) Individual designated to dispense medication **MUST** receive medication inservice provided by Oak Ridge Schools' Nurse **PRIOR TO DISPENSING**. Individual dispensing medication must follow **STRICT** student identification procedures outlined in the inservice.
- 5) Students in grades (K-4) will have a recent photograph attached to the ORS-191 authorization form to ensure proper identification.
- 6) Medication will be kept in a locked container until it is needed for dispensing. The locked container will be locked in a secure location for overnight storage.
- 7) Students will be directed by their teacher to report to the designated area at the designated time to receive their medication. If a student does not report, the person dispensing the medication will notify the school secretary who will locate the student in order for them to receive the medication. The person dispensing the medicine will inform the principal of the student who did not report for medication at the designated time.
- 8) The designated person dispensing the medication will document daily the time medication was taken. The designated person will sign his/her initials and the time medication is dispensed. If the student is absent or does not receive medication that day, the record will be signed with an "A" meaning absent. A "no show" is not acceptable and the student must be located.
- 9) For students receiving on-going medication, the principal's designee will remind the parent at least three (3) days before the supply lapses.
- 10) When medication regimen has been completed, the parent/guardian will remove the remaining medication from the school.
- 11) Any changes in dosage time or amounts will require a new ORS-191 authorization form with directions from prescribing physician.

NOTE: NO INDIVIDUAL MAY DISPENSE MEDICATION WITHOUT THE VERIFICATION OF SYSTEM WIDE NURSE AND APPROVAL OF PRINCIPAL.