

BACS Medication Administration Policy

The **Standing Orders Form**, completed as part of the summer database information update, allows parents to choose from a list of commonly used over-the-counter medications to be given on as needed basis during school hours.

If a student needs to take a **prescription or an over-the-counter medication** during school hours that is **not on the standing order form**, the following procedure must be followed:

- 1) All medications must be brought to BACS in their original container. Prescription medications must be brought in the pharmacy issued container with prescription label attached including: name of the student, name of the prescriber, order date, name and dosage of medication and directions for administration. (Orders must be renewed/updated each year).
- 2) Parents and the prescribing physician must fill out and sign a medication administration request form for each medication to be given at school (*Medication Administration Consent and Licensed Prescriber Order*). All medication is to be kept in the health office and administered by the school nurse with the following exceptions:

Self-medication by 7th and 8th grade students may be permitted on an individual basis, provided it does not present a conflict with doctor's orders or other BACS medical care policies and guidelines. Parents must still make the school nurse aware of the medication and complete the medication administration consent form. Students must agree to use the medication responsibly and according to the doctor's orders. If a student abuses this privilege, he or she will lose the right to self-carry.

Inhalers, insulin and Epi-pens may be carried by the student or kept with the teacher at the parent's request. The student must agree to use the medication responsibly and according to doctor's orders. The parent and prescribing physician must complete a medication administration request form. An Emergency Action Plan (EAP) should be submitted for all students with chronic health conditions that may require emergency care while at school (asthma, type 1 diabetes, seizure disorders, life threatening allergies, etc.). The EAP should include emergency contact information, typical symptoms of distress, and a treatment plan as provided by the student's doctor. An Individual Health Plan (IHP) will be created for all students with chronic health conditions that require daily monitoring and care.

PLEASE NOTE:

- The first dose of a new medication may not be given at school since it is not known how your child will react to the medicine.
- Parent(s)/guardian(s) have the right to come to school and give medication(s) to their child without an order form on file (with the exception of controlled substances such as opioids which should not be given in the school setting).
- Unused medication may be picked up by the parent/guardian any time before the end of the school year. Medication remaining, 5 days after the last day of school will be properly discarded.

Bryn Athyn Church School

Medication Administration Consent and Licensed Prescriber Order

Student Name: _____

Date: _____

Teacher: _____

Grade: _____

Medication(s) should be given at home before/after school when possible. When this is not feasible or a student takes medication "as needed" or in response to an emergency situation, a *Medication Administration Consent* form must be completed and signed by the student's parent/guardian and the licensed prescriber. (One medication per form). All medication must be brought to school in the original container with pharmacy label attached, if applicable. (This includes prescription and over-the-counter medications that are not part of the "standing orders for over-the-counter medication" list).

Licensed Prescriber Medication Order:

Patient's name: _____ Date: _____

Name of medication: _____

Dosage and Route: _____

Time or Frequency of administration: _____

Reason for medication: _____

Discontinuation date (if applicable): _____

Licensed Prescriber's signature: _____ Date: _____

Licensed Prescriber's name printed: _____ Phone#: _____

Parent/Guardian Consent:

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

Parent/Guardian signature: _____ Date: _____

Parent/Guardian name printed: _____ Phone#: _____