



EAST GREENBUSH CENTRAL SCHOOL DISTRICT SCHOOL HEALTH PROGRAM

INTERNAL MEDICATION IN SCHOOL **GRADES 6 - 12**

School nurses, principals and other school personnel are constantly being asked to dispense internal medications to schoolchildren. Compliance with such requests, in addition to being contrary to good health practices, is contrary to statutory regulations as outlined in the Nurse Practice Act and provisions of State Education Law.

There are circumstances when, under specific regulations, a medication prescribed by a private physician may be administered to a student during school hours. This is a program adjustment to meet the health needs of an individual student.

One of the basic concerns about which a decision must be made, is whether or not the child in question is actually able to attend school. The child's status will need to be reviewed to ascertain that his physical or emotional condition is such that he can take advantage of education opportunities.

Certain facts must be established about the medication. It should be determined that the frequency of dosage demands that it be given during the hours when the child is in school. If it is medication, which can be administered once or twice a day, it is usually possible for the parents to take the responsibility. If it is a medication, which must be given at extremely frequent intervals, it is not reasonable to expect that it can be handled efficiently in the school. If the medication is given only as necessary, rather than at a specified time, it imposes a number of serious problems; including, that of the need for a professional decision as to necessity.

MEDICATION MAY BE ADMINISTERED ONLY *IF* IT IS ACCOMPANIED BY:

1. The written order of your physician specifying diagnosis, medication, possible side effects, dosage, frequency and the time element for administering this medication.
2. The written request of the parent, requesting that school personnel or the student, administer the medication as ordered.
3. The family must provide the medication in a bottle, tube or container that clearly indicates date, name of child and physician, dosage and frequency.

PERMISSION FORM ON BACK

**EAST GREENBUSH CENTRAL SCHOOL DISTRICT
SCHOOL HEALTH PROGRAM**

AUTHORIZATION TO ADMINISTER INTERNAL MEDICATION
Grades 6 - 12

PLEASE COMPLETE BOTH PARTS

A. FOR PARENT

I request that my child _____ receive the

medication _____ prescribed by _____

MAY CARRY AND SELF
ADMINISTER MEDICATION
(inhalers/emergency
medications only)

MEDICATION TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours
only)

Parent/Guardian Signature

Date Signed

B. FOR PHYSICIAN

This is to certify that _____ DOB _____ is
Student Name

being attended and treated by me. It is essential that he/she be given the following
medication in the dose indicated during the school hours.

Diagnosis _____

Name of medication (or other identification) _____

Dosage Schedule _____

Possible side effects _____

Length of time to be given: _____ Indefinitely or until _____

MAY CARRY AND SELF
ADMINISTER MEDICATION
(inhalers/emergency medications only)

MEDICATION TO BE GIVEN BY
HEALTH OFFICE PERSONNEL
(available during normal school hours only)

Physicians Signature

Date Signed

PHYSICIAN'S NAME (PRINT)

PHYSICIAN'S ADDRESS (PRINT)

*****Self carry and self-administration of medications is an option on direction and discretion of school nurse and physician*****