



Johnson City Schools

Expect The Best!

Office of Health Services ❖ P.O. Box 1517 ❖ Johnson City, TN 37605
Office (423) 232-5380 ❖ Fax (423) 218-0544

Medication Administration at Schools

Dear Parent/Guardian,

Medications should be limited to those required during school hours and necessary to maintain the student's enrollment and attendance in school. If your child requires medication at school, the following guidelines must be followed:

- **ALL MEDICATION** must be turned into the office or clinic by a parent/guardian. No student is to carry prescription or non-prescription medications, unless ordered by a physician and documented in the appropriate form.
- **ALL Prescription Medication** must be accompanied with a medication administration permission form completed and signed by a physician and parent. For students requiring emergency medication for a chronic health condition (Adrenal Insufficiency, Severe Allergy and Anaphylaxis, Asthma, and Seizure) a specific order form is available to assist with the plan of care for your child while at school. Please request from your school nurse or a copy is available online at www.jcschools.org/medicalforms.
- **Non-prescription Medication** must be accompanied with a permission for medication administration form completed and signed by the parent. The student's parent or guardian must give permission in writing to administer medications while at school - TCA 49-50-1602(a)(2). Non-prescription medication that is given on a regular basis (longer than a 4-week period) will require a physician's signature. Your child will be limited to 5 doses every 9 weeks unless accompanied with a medication administration permission form completed and signed by a physician.
- The first dose or administration of any medication should be given at home.
- All controlled substance medications (ADHD meds, etc.) will need to be verified and counted by the nurse or designee once received and when the medication is picked up at the end of the school year.
- **Prescription medicine must be in a properly labeled prescription bottle. If the medicine is over the counter it must be in a new, unopened bottle or in a blister pack that is sealed and labeled.** Any medicine sent to school loose and unlabeled will not be administered. Expired medication will not be given at school. Johnson City Schools' staff will not administer Complementary or Alternative Medicine (CAM). We do not administer any medications containing SALICYLATE (such as Aspirin or Aspirin containing products such as Excedrin and Pepto-Bismol) without a doctor's order due to the danger of Reye's Syndrome.
- The parent is responsible for picking up any remaining or unused medication at the end of the school year. Any remaining medication will be discarded unless your child is attending summer school or other arrangements have been made with the school nurse.

Thank you for your assistance in helping us to maintain a safe environment where children can learn.

Sincerely,

System-wide School Nurses

**Johnson City Schools
Health Services
PERMISSION FOR MEDICATION ADMINISTRATION**

PRESCRIPTION AND NON-PRESCRIPTION

Name: _____ Date of Birth: _____ School Year: _____
School: _____ Grade: _____ Teacher/Homeroom: _____
Parent/Guardian: _____ Phone: _____ Email: _____
Address: _____ City/State/Zip: _____
Secondary contact: _____ Phone: _____
Allergies: _____

Medication Orders

Name of medication: _____ Strength: _____ Dosage: _____
Route of administration (by mouth, topical, inhalation, etc.): _____
Must check one: As needed Daily (Time of day to be given: _____)
Date started: _____ Date to be discontinued: _____
Purpose of medication: _____
Possible side effects: _____
Special Instructions: _____

_____ **IS** competent to self-administer his/her medication with the assistance of trained school personnel.
(Student's Name)

_____ **IS NOT** competent to self-administer his/her medication and will require medication to be administered by the school nurse/trained school personnel or parent.
(Student's Name)

I have received and agree to the Medication Administration at Schools Parent letter.

I give permission for personnel of Johnson City Schools to contact prescribing healthcare provider in the event there are questions about the medication(s). The health care provider has my permission to discuss the medication, diagnosis, side effects, etc. with Johnson City Schools' personnel.

Unless otherwise specified, the duration of this consent will be for the entire school year. It is the responsibility of the parent/guardian to remove any unused medication from the school by the last day. **NO MEDICATION WILL BE SENT HOME BY STUDENTS.**

Parent/Guardian Signature _____ Date: _____
(Required for ALL medications - Prescription and Non-Prescription)

Healthcare Provider Name/Title: _____ Phone: _____ Fax: _____

Healthcare Provider Signature: _____ Date: _____

Physician Signature is required for ALL Prescription Medication.

Physician Signature is required for Non-Prescription Medication that is given on a regular basis longer than a four-week period or if more than 5 doses in 9 wk period.

If you have any questions regarding this form, please contact your school's nurse or the Office of Health Services at 423-232-5380.

FOR NURSE USE ONLY

Verified by School Nurse: Initial _____ Date _____ Reviewed with Clinic Nurse: Initial _____ Date _____