

**SPRINGFIELD SCHOOL DISTRICT**  
**STUDENT MEDICATION PROCEDURES**

Dear Parent or Guardian:

Your child is taking medication at school. All medication must be stored in a locked cabinet in the Health Office. New medication must be provided by you at the beginning of each school year or upon entering the school and should meet the following requirements:

**CLEARLY LABELED ORIGINAL PRESCRIPTION CONTAINER WITH:**

**Students Name**  
**Medication and Dosage**  
**Instructions for Administration**  
**Health Care Provider's name.**

In order to avoid any confusion concerning the administration of long term prescription medication during school hours, the following requirements should be adhered to before any prescription medication can be given to your child while he/she is in school:

- ❖ A health care provider's note must accompany the medication, including date, time of medication and dosage. (see form that follows)
- ❖ Parent/guardian signature for administration of the medication (see form that follows)
- ❖ Medication must be clearly labeled in the **original** most current container from the pharmacy.

We **must** have on file each year a written order for daily medications from your health care provider. If there has been any change in your child's health status and the need for this medication, please notify the nurse in the school.

All **temporary or short-term** medication must be brought to the nurse in the **original** prescription container with the pharmacy label in place. The label will have the child's name, medication name and instructions for dispensing. A note is required from the parent with instructions for administration, including date, time, medication dosage and parent signature.

All **non-prescription or over-the-counter** medication must be sent in the **original** container, labeled with the child's name, and be accompanied by a note from the parent/guardian with instructions for administration, including date, time, medication dosage and parent signature.

**No medication** will be administered unless the above requirements are met. All medications should be given at home whenever possible unless otherwise ordered by the health care provider.

The above requirements are part of the Springfield School District Medication Policy and Procedures. Thank you for your cooperation.

**SPRINGFIELD SCHOOL DISTRICT  
SCHOOL ADMINISTRATION OF MEDICATION**

**ST. FRANCIS OF ASSISI SCHOOL**

Student Name \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

MEDICATION	DOSAGE	TIME	ROUTE

**POSSIBLE SIDE EFFECTS (PLEASE CIRCLE)**

Anorexia    Sedation    Agitation    Anxiety    Constipation

Vomiting    Headache    Dry Eye    Fatigue    Dizziness    Nausea

Diarrhea            Other \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Administer Until: \_\_\_\_\_

Mediation/Drug Allergies \_\_\_\_\_

Additional Patient Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor/Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_