

ROLE OF THE PARENT/LEGAL GUARDIAN IN THE ADMINISTRATION OF MEDICATION AT BENJAMIN FRANKLIN HIGH SCHOOL

The **parent/legal guardian** who wishes medication to be administered at school to his/her child has the following responsibilities:

- A. To obtain a written order for **each** medication to be given at school, including **annual renewals at the beginning** of the school year. The new orders dated **before** July of that school year will **not** be accepted. *No corrections will be accepted on the physician's medication order form. Alteration of this form in any way or falsification of the signature are grounds for prosecution. Orders for multiple medications on the same form, an incomplete form, or a form with a physician's stamp, will not be accepted.* **FAXED ORDERS MAY BE ACCEPTED; ORIGINAL ORDERS MUST BE RECEIVED WITHIN (5) BUSINESS DAYS.**
- B. To obtain a prescription for **all medications** to be administered at school, including medications that might ordinarily be available over-the-counter. **Only the physician or his/her staff may write on the medication order form. This form must be signed by the physician/dentist/certified nurse practitioner.**

Before leaving the physician's office check the medication order form against the prescription to make sure they match exactly. (Example: times, dosage, etc.) The labeled prescription bottle must match the medication order before medication can be administered in the school setting.

- C. To arrange for the safe delivery of the medication to and from school (**by a responsible adult**), in a **properly labeled container** as dispensed by the pharmacist. **The parent/legal guardian will need to get two containers for each prescription from the pharmacist in order that the parent/legal guardian, as well as the school, will have a properly labeled container. If the medication container is not properly labeled, the medication will not be given.**
- D. To provide an authorization form that contains the following information:
1. the student's name;
 2. clear instructions for **school administration**;
 3. Rx number, if any;
 4. current date;
 5. students' diagnosis;
 6. **name, amount of each school dose, time of school administration, route of medication, and reason for use of medication**;
 7. physician's or, or dentist's or certified nurse practitioner's name;
 8. the parent's/legal guardian's printed name and signature;
 9. parent's/legal guardian's emergency phone number;
 10. statement granting or withholding release of medical information.

- E. To provide a list of all medications the student is currently receiving at home and at school.
- F. To list names and telephone numbers of persons to be notified in case of a medication emergency in addition to the parent/legal guardian and licensed physician/dentist/certified nurse practitioner.
- G. To provide no more than a **20 school day supply** of medication, in a **properly labeled container**, to be kept at school.
- H. To administer the **initial dose** of a medication **outside the school jurisdiction** with sufficient time for observation for adverse reactions.
- I. **To cooperate in counting the medication** with the designated personnel who receives it and sign the Drug Receipt form.
- J. To cooperate with school staff to provide for safe, appropriate administration of medication to the student, i.e., provide information such as positioning, and suggestions for liquids or foods to be given with the medication.
- K. To assist in the development of the medication emergency plan.
- L. **To comply with written and verbal communications regarding school policies.**
- M. To grant permission for school nurse/physician/dentist/certified nurse practitioner consultation.
- N. To remove, or give permission to destroy unused, contaminated, discontinued, or out-of-date medication according to the school guidelines.
- O. To provide medication orders for field trips extended outside school hours. The medication orders must cover the dosage(s), time(s), and medication(s).
- P. To provide medication orders(s) for extended day attendance (before and/or after school). The medication orders must cover the dosage(s), times(s), and medication(s).

PARENTS CAN PRINT THE MEDICATION PACKETS ONLINE OR CONTACT THE SCHOOL NURSE FOR A COPY.

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