The Craig School
TEACHING THAT TRANSFORMS

Medication Administration and Storage

Documentation
Parents/guardians requesting medication administration for their child by The Craig School staff must provide a **Medication Authorization Form** signed by a physician. A current Medication Worksheet Form must also be on file.

- The Medication Authorization Form must include the name of the medication, the dosage, and administration time(s).
- The authorization must also be signed by the parent/guardian.
- Any changes to the medication, dosage, or administration time(s) require an updated Medication Authorization Form and updated Medication Worksheet Form.
- Medication Authorization and Medication Worksheet Forms must be renewed annually.

Medication Check-In
- Medication will only be accepted in a prescription bottle with current, complete, and accurate labeling.
- Medication will only be accepted with proper accompanying Medication Forms.
- A receipt will be provided to the parent/guardian for all medications delivered to the school.
- Only parents/guardians may carry medications to school. Students should not bring medication to school or carry medications in their backpacks.

Inventory
- An individual medication administration log is kept for each child. A note is made every time medication is administered to a child.
- Every effort will be made to send home a notification when a student is down to a 3-day supply of medication, so a refill can be provided.
- Every effort will be made to send medication home with students upon transition. However, if medication is left behind, proper disposal of the medication will be made by having two staff members take it to a pharmacy for disposal within 30 days of student leaving and action will be documented.
- To keep track of medication expiration dates, all stored medication is checked annually.

Emergency Medication Supply
Parents/guardians must provide a 3-day supply of all prescription medications with the proper accompanying Medication Forms even if the student does not take medication at school. This supply will remain in a locked cabinet in case of an emergency.

Epi Pens
EpiPens will remain in an easily accessible area but will be placed in a lockable container. The lockable container will also be changed each time there is a change in school staff. A combination log will be kept for each classroom and lockable container.

Security
Individual prescription medication must be kept in a locked cabinet. The medication cabinet locks in each classroom will have the combination changed each time there is a change in classroom staff.

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Medication Worksheet

Student's Name:_____Date: ___ / ___ / ____

Parent/Guardian filling out this form: _____

☐ **My child does not take medication.**

Doctors	**Name**	**Phone**
Medical Doctor/ Pediatrician		
Psychiatrist		
Other		

List All **Prescription Medications** Given at The Present Time

(*List all medications given both at home and at school. Include any medications that may needto be given as needed even if not at regular intervals*).

1	Status	Start Date	Medication
	☐ New ☐ Ongoing ☐ Discontinued		
	Dose Amount	Dose Times	Prescribing Doctor (first & last name)
2	Status	Start Date	Medication
	☐ New ☐ Ongoing ☐ Discontinued		
	Dose Amount	Dose Times	Prescribing Doctor (first & last name)
3	Status	Start Date	Medication
	☐ New ☐ Ongoing ☐ Discontinued		
	Dose Amount	Dose Times	Prescribing Doctor (first & last name)
4	Status	Start Date	Medication
	☐ New ☐ Ongoing ☐ Discontinued		
	Dose Amount	Dose Times	Prescribing Doctor (first & last name)

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Name of Student: _____ Birth date _____/_____/_____

Teacher: _____

PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION
PRESCRIPTION AND NON-PRESCRIPTION

This form allows designated school personnel to assist students who are required to take medication. during the school day. This service is provided to enable the student to remain in school, to maintain or improve his/her potential for education and learning.

I request that medication be administered to my child, _____ in accordance with our physician's written instructions. I will notify the school immediately and submit a new form if there are changes in medication, dosage, time of administration, and/or the prescribing physician and give permission to contact the physician when necessary.

Parent/Guardian Signature: _____Date: ___ / ___ / ____

Telephone (Work): _____ (Home): _____

Medication must be in the student's original, labeled pharmacy container. Please request two containers, one for school and one for home.

PHYSICIAN REQUEST FOR ADMINISTRATION OF MEDICATION

Diagnosis/Reason for Medication: _____

Medication: _____ Dose: _____ Route: _____Time: _____

Possible reactions: (possible serious reactions with this medication, e.g., allergic reaction, localized/general)

_____

Instructions for emergency care: _____

_____

Physician's Signature: _____

(Office stamp must be present)

Address: _____Telephone: _____

Date of Request: ___ / ___ / ____ Date to Discontinue Medication: ___ / ___ / ____

This request is valid for a maximum of one year