

North Suburban Summer Academy

DISPENSATION OF MEDICATION

This procedure was developed to comply with state mandates. It is designed to protect students, parent/guardians and school personnel.

For the protection of all students:

- all medications (**with some exceptions**) will be stored in the school health office;
- medications dispensed in other programs and outside the normal school day should be stored in a secure location in that program area;
- **if there are concerns about a prescription or nonprescription medication**, the licensed school nurse will contact the doctor and/or request a physician's order for an over-the-counter medication.

Procedure:

1. **Medication prescribed for more than two (2) weeks and which must be taken at school must have this permission form signed by a physician or dentist and the parent/guardian – including Epi Pens.**
2. **Medication prescribed for less than two (2) weeks** requires written permission of the parent/guardian only.
3. **Over-the-counter medication** should have this permission form signed by the parent/guardian.
4. All medications should be in original containers labeled with the following:
 - a. student's name
 - b. medication name
 - c. strength of medication
 - d. time of day to take medication
 - e. doctor's name

AUTHORIZATION FOR GIVING MEDICATION AT SCHOOL

Student Name _____ Birthdate _____ Grade _____

Reason for giving medication _____

Name of Drug	Dosage	Time of Day	Discontinuation Day

Signature of Doctor / Dentist

Doctor's / Dentist's Phone Number

I hereby authorize school personnel to give the above medication and contact the doctor with any questions.

Signature of Parent / Guardian

Date

Work Phone

Home Phone

Completed forms may be mailed to Summer Academy, 2697 East County Road E, #533, White Bear Lake, Minnesota 55110, or scanned and emailed to Debra Givot at dgivot@isd622.org or faxed to Debra Givot at 763-571-9267.