

Teays Valley Local School District  
385 Viking Way  
Ashville, Ohio 43103

**School Medication Guidelines**

Scheduling of medication outside of school hours is encouraged. When that is not possible a specific policy must be followed. If your child needs to take prescription medication during school hours, please be aware written permission from the parent or guardian, physician's verification/authorization, and identification of the medication, dosage, and time interval it is to be taken.

**All medication must be received in the container in which it was dispensed by the physician or pharmacist.**

For over-the-counter medication, the student should bring the medication to the office in its original container and clearly marked with the student's name. Written permission from the parent will also be required before any over-the-counter medication is administered by a school employee. All medications will be kept in a locked cabinet in the school office/clinic, unless special circumstances justify an exception.

**For prescribed medications, parents/guardians are responsible for the safe delivery of the medication to the school office.** *For controlled substances-* it is **required** that the parent/guardian or designated adult must bring in the medication to the school office and review with school staff. Specific instructions on how and when the medication is to be given will be reviewed at this time. Parents/guardians need to instruct the child as to the medication schedule and when the child is to report to the office. Parents will assume responsibility of notifying the school if the medication orders have changed.

Parents must understand that they are responsible for picking up any leftover or expired medication at school and that the medication will be disposed of on/after the last day of school if not collected by the parent- unless the parent has made specific arrangements with school personnel.

Medication forms are available in the school office or on the Teays Valley website at [www.tvsd.us](http://www.tvsd.us)

The school physician will serve as health consultant and will provide written medication 'standing orders' for general and emergency care. In the event that a child needs NON-Prescription medication for minor ailments at school, the school nurse or her designee may dispense any of the following OTC medication under the guidelines of the school physician standing orders: Ibuprofen, Acetaminophen, Benadryl, Tums, Imodium A-D, Robitussin or First Aid/Antiseptic topical medication. This would be done with the parental signed permission, which would be indicated on the school emergency authorization form that is given to parents annually.

Thank you,  
Teays Valley Nursing Staff

**Teays Valley Local School District**  
**Prescribed Medication Authorization**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ School \_\_\_\_\_ Grade/Class \_\_\_\_\_

To the Parent/Guardian:

**THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO RECEIVES OR USES PRESCRIBED MEDICATIONS IN SCHOOL:  
BOTH PORTIONS OF THIS FORM MUST BE COMPLETED.**

1. I am requesting permission for the student named above to receive or use medication according to the doctor's' verification on this form. I have instructed my child to report to the school office to receive the medication at the designated time. I will keep an adequate supply of medication at school.
2. I will assume responsibility for safe delivery of the medication to the school office.
3. I will call the school office and send a written note if my child is taken off of this medication.
4. I will bring in a completed, prescribed medication form for any dosage/medication changes.
5. I release and agree to hold the Board of Education, its officials, and its employees, harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\*\*\*\* All medication must be in original pharmacy dispensed containers. Labels must match instructions from physician on this form.

**PHYSICIAN'S STATEMENT**

To the physician:

The Teays Valley Board of Education urges you to schedule the taking of medication by students at times outside of school hours. When that is not possible, the receiving or use of medication will be permitted, as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

\_\_\_\_\_  
Medication

\_\_\_\_\_  
Dosage

Form of medication: Tablet/Capsule, Liquid, Inhaler, Nebulizer, other \_\_\_\_\_

Diagnosis for which medication is prescribed \_\_\_\_\_

Medication to be taken at the following time(s) \_\_\_\_\_

Instructions/Precautions/ adverse effects that need reported \_\_\_\_\_

Prescription beginning date \_\_\_\_\_ Prescription expiration date \_\_\_\_\_

Date form completed \_\_\_\_\_ Physician Signature \_\_\_\_\_

Physician Printed name, address, phone \_\_\_\_\_

The school will report concerns about medications or disease to the above physician. A new form must be completed for each dosage/medication change. **A new form must be completed for each medication- EVERY SCHOOL YEAR.**

REV 2/17