

# Health Chat with Nurse Andi



## Topic: Medication policy

Hello TVS families,

This is just a friendly reminder and review of our medication policy. As the Healthcare Administrator/school nurse, it is my duty to ensure that our school abides by the Florida's rules and regulations in regards to medication administration in school. Many of you are familiar with our medication policies and have adhered to these policies; thank you. Ensuring that we are all on the same page is important for the safety of all students and staff on campus.

- Students are not permitted to carry any medications on his/her person unless it is a lifesaving medications such as an EpiPen or inhaler; written authorization required.
- If a medication can be administered before or after school hours, then this is preferred.
- If a student is spotted with un-authorized medications on his/her person it will be confiscated and I will call you to discuss.
- If your child requires medications during school hours, please reach out to me to discuss and receive proper paperwork. I am on staff to assist your student, let's work together.
- Over the counter medications such as tums, cough drops, Advil, and more require a signed medication authorization form from a legal parent/guardian and the medication itself must be brought into my office with paperwork.
- Prescription medications require a signed medication authorization form from licensed healthcare provider and signature from legal parent/guardian and medication must be provided by parent/guardian.
- We do not house a stock of over the counter medications for any student. The medications available are for those with proper paperwork and medications brought in by their parent/guardian.
- Please note that cough drops are considered medication on our campus and require the same form signed by a parent or guardian. It is a safety issue due to allergies and to ensure proper usage.
- It is in the best interest of our students that we all adhere to TVS medication policy; this promotes safety.
- If you have questions or concerns in regards to our medication policies please feel free to reach out to me and I will be more than happy to discuss.

It is always a pleasure serving your children!

Sincerely yours in health,

Nurse Andi

## The Village School Medication Authorization Form

Student's Name: \_\_\_\_\_ Sex: M ... F ... Date of Birth: \_\_\_\_\_

Grade: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Allergies: \_\_\_\_\_

### MEDICATION INFORMATION

Medical Condition for which medication will be required for student in school: \_\_\_\_\_

Name of Medication:      Prescription \_\_\_\_\_ Over-the-Counter \_\_\_\_\_  
(non-prescription)

Route to administer (*please check one*) ... Oral ... Topical ... Subcutaneous ... Inhaled ... Other (*describe*) \_\_\_\_\_  
(BY MOUTH)      (ON THE SKIN)      (INJECTED)      (BREATHED)

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Time of Day: (ex. 11:00 AM) \_\_\_\_\_

Is this a new medication? ... Yes ... No   If yes, the first dose must be administered at home.

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

**Prescription medications require healthcare provider signature below:  
Physician's orders are required for all prescription medications given at school**

Physician's Name (Print): \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Fax Number: \_\_\_\_\_

... I have prescribed the student to self-carry MDI, pancreatic enzymes, EPI-PEN, or other life saving medications described on this page.

### PARENT/GUARDIAN AUTHORIZATION

1. I give permission for my child's doctor to be contacted for information regarding the administration of the medication listed on this form.
2. I authorize the above medication to be administered as described or prescribed during school or after-school programs operated by The Village School.

Parent/Guardian Name Printed: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_ Emergency phone number: \_\_\_\_\_

### FOR SCHOOL USE ONLY

... Physician's Verbal Order Obtained: Date: \_\_\_\_\_ Time: \_\_\_\_\_

Content of physician's verbal order obtained: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

4/26/17

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Nurse Andi

