

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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Sincerely yours in health,

Nurse Andi

