

STUDENT HEALTH SERVICES DEPARTMENT

MEDICATION ADMINISTRATION NOTICE

Parents and Guardians,

For the safety and health of your child, the Board of Directors of the Reading School District passed a Medication Policy to direct the administration of medication to students during school hours, field trips, before and after school programs and summer programs.

Ideally, all medication should be given at home. If the attendance and education of a student is dependent upon receiving medication while at school, the parents/guardians and student must comply with the required procedures.

Each school year, parents and guardians must:

- Get a written medication order from a licensed health care provider.
- Provide written permission for administration of the medication at school.
- **Bring all medications to the health room in the labeled pharmacy container. Students MAY NOT carry medication to school (*see note below).**
- Supply all equipment needed to administer the medication.
- Send only a 30 day supply of medication to school.

Parents / Guardians may provide written permission for over the counter medications supplied by the Reading School District by completing the emergency card upon enrollment and annually.

All medication will be

- Administered only by Certified School Nurses or licensed health care providers.
- Kept in a secured, locked place in the school's health room.

***Emergency medications:** Inhalers, epinephrine kits, glucose tablets / glucagon:

- May be carried by students with physician orders, parent permission and upon review of the student's ability to administer the medication by the Certified School Nurse.
- May be given by non-licensed staff trained in emergency treatment of students needing inhalers and / or epinephrine.

Students who do not follow aspects of the policy related to the carrying and use of medications at school may be disciplined according to Reading School District policy.

I have read this notice and understand the policy and procedures for medication administration to students:

Parent / Guardian Signature _____ **Date:** _____