



# ST. MARK SCHOOL

Nationally Recognized School of Excellence

## NATURE'S CLASSROOM MEDICATION



Dear Parent/Guardian,

If your child will need to take medication during the trip to Nature's Classroom, you **must** follow these directions. Any medication that does not follow these guidelines will **not** be administered to your child. **This is a State Law.**

1. Please complete Medical Forms for Nature's Classroom  
2. **Prescription medicine:** must be accompanied by a pharmacy label. **DO NOT** send in sample bottles of medication or sample inhalers without a prescription attached.

- The pharmacy label **must** include:
  - the Rx number (prescription number)
  - name of the medication
  - the dosage and directions for administering the medication
  - the **child's name** (please **do not** send medication in a bottle that does not have your child's name on it)

All medications should also have a **current date**, if possible, the Doctor's prescription or letter should be sent to clarify any discrepancies.

**ALL MEDICATIONS SHOULD BE SENT IN SEALED ZIPLOC BAG WITH YOUR CHILD'S NAME AND HOMEROOM TEACHER LABEL ON IT.**

3. **Non-prescription medicine:** must be in the **original container** accompanied by the **Medical Authorization Form** with the **doctor's and parent/guardian's signature.**

These medications must also send in sealed ziploc bag that is clearly labeled with:

- your child's name
- the name of medication
- directions for use

**An adult must bring the medications to school and hand to the school nurse by 4/10/15** so that all medications can be checked to meet all criteria mentioned above in a timely manner.

4. On our return from Nature's Classroom, an **adult** must collect all medications from the school nurse, Mrs. Murphy.



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AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATIONS BY SCHOOL PERSONNEL

Connecticut State Law and Regulations 10-212(a) and Board of Education policy requires the following:

1. a written medication order from a licensed Medical Doctor (MD), Osteopathic Doctor (OD), Dentist (DDM or DDS), Advance Practice Registered Nurse (APRN), or Physician Assistant for prescription and "over-the-counter" (nonprescription) medications which needs to be given in school
2. delivery of medication to the school nurse by a responsible adult, preferably the parent/guardian
3. medication in the original container with proper labeling (name of medication, student's name, dosage and frequency of administration, time or conditions of use)
4. approval by the school nurse, in addition to the written authorizations, for self-administration of medications in school

MEDICAL AUTHORIZATION

NAME OF STUDENT \_\_\_\_\_ DOB \_\_\_\_\_ DATE \_\_\_\_\_

MEDICATION NAME \_\_\_\_\_ DOSAGE \_\_\_\_\_

ROUTE OF ADMINISTRATION \_\_\_\_\_ FREQUENCY AND CONDITIONS OF USE \_\_\_\_\_

CONDITION REQUIRING MEDICATION \_\_\_\_\_ ALLERGIES \_\_\_\_\_

SIDE EFFECTS TO BE NOTED AND MANAGEMENT PLAN \_\_\_\_\_

MEDICATION TO BE ADMINISTERED FROM (DATE) \_\_\_\_\_ TO (DATE) \_\_\_\_\_

Permission to give in school if dose missed at home (please circle one) Yes No

Student may *self-administer* medication *with supervision* (please circle one) Yes No

Student may *self-administer* medication *without supervision* after school nurse has confirmed that student knows indication for medication and proper administration techniques (please circle one) Yes No

PRESCRIBER'S NAME/TITLE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS OF PRESCRIBER \_\_\_\_\_

PRESCRIBER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN AUTHORIZATION

1. I request that the above ordered medication be administered by school personnel.
2. I understand that I may bring only a 45 day supply of medication to school and it is my responsibility to pick up the medication at the end of the school year or within one week following the termination of the medical order.
3. I would or would not like this medication to be administer on field trips or early dismissal days.

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE (h) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ PHONE (w) \_\_\_\_\_