

The Lab School of Washington Prescription Medication Consent Form SY 2020-21

Please take this form to your child's physician for completion

Name of Student _____ Age _____ Medication _____

Dose: _____ Time(s) and Circumstances of Administration _____

Route of Administration _____ Duration of medication _____

Possible side effects and significant information _____

Physician's Name (please print) _____

Telephone Number (include area code) _____

Physician Fax number/email _____

Physician Signature _____

Date _____

PARENTAL PERMISSION

I/We hereby give permission for _____ to take _____ at School as ordered by his/her physician identified above. I/We understand that it is my/our child's responsibility to report to the school nurse at the appropriate time for the administration of the medication. I/We further understand that it is my/our responsibility to furnish the medication and any authorized refills. I/We further understand that The Lab School, its officers, agents and /or any employee who administers any drug to my/our child, in accordance with written instructions from the prescribing physician shall not be liable for damages as a result of an adverse drug reaction or any other injury suffered by my/ our child due to the administration or failure to provide the drug. The Lab School reserves the right to not administer medication should circumstances warrant such actions. I/We understand that the medication must be brought to school in the original appropriately labeled container by me/us.

Name of Parent/Guardian (please print) _____

Signature of Parent _____ Date _____

Administration of Nonprescription Medication SY 2020-21

The following nonprescription medications are available:

Headaches/fever/muscle aches/pain/cramps:

For students over 12: Acetaminophen (325mg-650mg) or for younger students, Acetaminophen elixir or chewable tabs per package instructions for age and weight. For students over 12: Ibuprofen (250-500mg).

For younger students, Ibuprofen Children's elixir, chewable and tabs per package instructions for age and weight.

For insect bites, mild allergic rashes, minor scrape and burn: Anti-itching lotion (e.g., Calamine or Johnson and Johnson First Aid Cream, Benadryl Cream or spray).

For mild allergy symptoms, allergic reactions and minor eye irritation:

Diphenhydramine (e.g., Benadryl liquid or 25 mg capsules), sterile isotonic buffered solution to relieve itching.

For sore throat:

Sugar-free cough drops, salt water gargle.

Other:

Anti-nausea, allergy relief.

I/we hereby give permission for my/our child _____ to receive the medications listed above as deemed necessary by an authorized school employee in accordance with established protocols. I/we understand that generic equivalent medications may be used in place of more expensive brand-name items. **I/We also understand that ANY other nonprescription medication not listed above must be supplied to the school nurse and accompanied by a signed physician note indicating medication, dosage, and how it is to be administered.** The medication must be in the original container with label.

Please check ONE statement.

- I /We agree to the above medications and conditions.
- I/We agree to the above medications and conditions with the following exceptions _____
- I/WE DO NOT WANT ANY MEDICATION GIVEN TO OUR CHILD.
- Physician Signature _____ Date _____
- Parent Signature _____ Date _____

Guidelines for the Administration of Medications at School

We request that whenever possible parents administer medication during *non-school hours*. If medication is needed in school or during a school related event such as a field trip, the following requirements must be met:

1. Medications (both prescription and non-prescription) will be given at school only with healthcare provider (licensed physician, nurse practitioner or dentist) authorization and written consent from the parent. ***The Lab School of Washington Medication Consent Form and The Lab School of Washington Consent for Non-Prescription Medication*** must be on file with the School Nurse. The parent/guardian is responsible for obtaining the consent from the healthcare provider. We suggest that parents obtain this authorization at the time of the annual physical. All medication requests are to be renewed by the physician at the beginning of the school year and are valid for 365 days.
2. Prescription Medications. A separate ***Lab School of Washington Medication Consent Form*** must be on file for each required prescription medication. The pharmacist must label the medication bottle. The label must include: Name of student; Name of medicine; Date ordered and expiration; Dosage and time of administration; and, Route of Medication.
Please Note: We are unable to accept **medication in expired/ altered bottles or stand-alone pills sent in plastic bags or envelopes.**
3. The first day's dose of any new medication or an increase in a standing dose must be given at home.
4. All medications must be brought to school by the parent/guardian and given to the School Nurse or authorized personnel. Students are not permitted to bring medication to school or on the bus.
5. The parent/guardian is responsible for submitting to the school, in writing from the physician, any change in dosage or time of administration.
6. Parents/guardians must let the School Nurse and school officials know if a student is Lactose-intolerant.
7. Field Trips. It is essential that parents review the medication needs of their student prior to off campus trips. We request parents to supply emergency medications such as EPI PENS and inhalers. Students who require prescription medication on a regular basis should continue the regimen on the field trip. Please supply the medication and authorization at least 48 hours in advance of the field trip. With the exception of those students with **Action Plans**, students are not permitted to self-medicate or carry medication.
8. Students participating in overnight travel such as Global Studies, Diversity Conference, Model UN, Tide-Turners, Teton Science School, and senior Disney trip **must have** authorization for non-prescription medication.

All medication kept in school will be stored in a secure area accessible only to authorized personnel. (Such storage will be at the risk of the parent.) Neither the School Nurse nor The Lab School will assume any responsibility for possible loss of students' medication.

One week after expiration of the physician's order, the unused portion of the medication must be collected by the parent/guardian or it will be destroyed.

Under no circumstances are students permitted to give or sell any prescription or nonprescription, over-the-counter or other drug to another student. Violation of this rule will subject a student to serious disciplinary action.

Parents will be notified if a student requests a non-prescription or as needed medication two times in one week.

Self-Administration of Rescue Inhalers

The District of Columbia has authorized students who have a need for rescue inhalers to carry the medication at school and administer in accordance with physician guidelines. The student must have the consent of both doctor and parent. The consent requires the identification of possible side effects of rescue medicines such as tachycardia, tremor, and nervousness and indicates that the student has been taught to properly administer the medication. **The Asthma Action Plan** is available on the LSW website at <http://www.labschool.org/Page/Services/Student-Health>.