

Livingston Parish Public Schools

Excellence in Education!

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Dear Parent/Guardian,

We would like to inform you of the school policies that have been put in place to ensure the health, safety and welfare of children who need medicines during the school day.

Our school board requires that the following forms be on file in your child's health records **BEFORE** we begin to give any medicine at school and must be 12 hours since new medications were started.

1. Signed consent by the parent/guardian to give the medicine.
2. Signed medication order. The written order form should be taken to your child's licensed prescriber (physician or dentist) for completion and returned to the school office. This order must be renewed if there are any changes in dosage, time, or medication. New orders must be sent at the beginning of each school year.

Only oral, pre-measured aerosol inhalants, topical ointment for diaper rash and emergency medications can be administered at school, by unlicensed school personnel.

Medicine should be delivered to the office in a container with a label from the pharmacy by either you or a responsible adult whom you designate (NEVER BY THE STUDENT). The directions on the label should read exactly like the physician's medication order form. Please ask your pharmacy to provide a separate bottle for school and home use. No more than thirty-five (35) day supply of the medicine should be delivered to the school. The parent/guardian is responsible for breaking the tablets in half if necessary. Parents are responsible for picking up the empty medicine bottles.

No "over the counter" medication, such as Tylenol, aspirin, cough medicine etc., can be given at school without a doctor's order and a prescription label.

When your child needs medicine to be given during the school day, please act quickly to follow these policies so that we can begin giving the medicine as soon as possible.

WHENEVER POSSIBLE MEDICATION SHOULD BE GIVEN AT TIMES OTHER THAN SCHOOL HOURS. IF THIS IS A NEW MEDICATION THE STUDENT MAY RETURN TO SCHOOL 12 HOURS AFTER NEW MEDICATION IS GIVEN.

Thank you for your cooperation,

School Nurse

STATE OF LOUISIANA

MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER
(In most instances, medications will be administered by unlicensed personnel.)

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.

Student's Name: Birthdate

School Grade

Parent or Legal Guardian Signature: Date:

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE.

1. Relevant Diagnosis(es)

1. Medication:

2. Strength of medication: Dosage (amount to be given):

Check Route: By mouth By inhalation Other

Frequency (prn meds must have hourly schedule) Time of each dose

School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.

3. Duration of medication order: Until end of school term Other

4. Desired Effect:

5. Possible side-effects of medication:

6. Any contraindications for administering medication:

7. Other medications being taken by student when not at school:

Prescriber's Name (Printed) Address Phone & Fax Numbers

Prescriber's Signature Credential (i.e. MD, NP, DDS) Date

Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medications orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.

Part 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE.

Inhalants/Emergency and Other Drugs

Release Form for Students to be allowed to Carry Medication on His/Her Person

Use this space only for students who will self-administer medication.

- 1. Is the student a candidate for self-administration training? Yes No
2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? Yes No

Licensed Provider's Signature Date

**LIVINGSTON PARISH PUBLIC SCHOOL SYSTEM
PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR MEDICATION
(PLEASE PRINT)**

Student _____ DOB _____ Grade _____

School _____ Teacher _____

Parent/Guardian _____ Home Phone _____

Address _____ Work Phone _____

Emergency Contacts:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Medication _____ Any Allergies _____

Are there any special instructions for giving you child this medication? _____

List medications given at home _____

1. Do you give permission for the school nurse to share with designated trained unlicensed personnel information about your child relative to medication administration, as the nurse deems necessary. YES _____ NO _____ Are there any restrictions on this release? _____
2. Do you understand that you may retrieve the medication from school at anytime and that the medication will be destroyed if it is not picked up within 1 week following the term or when the medication orders are discontinued or expired? YES _____ NO _____
3. Have you administered the initial dose at home and have you allowed sufficient time (overnight) for observation of adverse reactions before asking school personnel to administer the medication? YES _____ NO _____
4. Do you understand that in most instances unlicensed trained school personnel will administer medications/injections? YES _____ NO _____

ALL above answers must be (Yes) before unlicensed trained personnel can administer the medication at school.

Use this box only for a student who will self-administer medication, such as asthma inhaler, insulin or epipen.

Do you give permission for your child to self-administer medication if the school nurse determines it is safe and appropriate in the school setting. YES _____ NO _____

Do you believe you child is sufficiently responsible and informed to self-administer this medication? YES _____ NO _____

Do you assume responsibility for your child's actions in self-management of medication at school? YES _____ NO _____

Do you understand that regular medication orders must be provided for students to self-administer? YES _____ NO _____

Parent Signature _____ Date _____