




## Laurel Public Schools NEW MEDICATION CHECKLIST

When a parent brings in a new medication, please do the following:

**If it is a new medication the student has not been taking at school:**

- ☐ Get a blank medication log. On page 1, complete the top part of the form with student's name, date of birth, school, grade, ask parent if any allergies, teacher (if applicable), name of medication, dose, time to be given, and any special instructions.

 **Laurel Public Schools: Medication Log & Inventory Record - Page 1 of 2**  
\*\*\* Each medication requires its own Medication Log & Inventory Record form. If a medication dosage changes, a new form must be used. \*\*\*

| Student's Name: <u>Jane Doe</u>            |                               | Date of Birth: <u>2/2/2014</u>            | School: <u>Graff</u>                              |             |                  |               |          |    |
|--------------------------------------------|-------------------------------|-------------------------------------------|---------------------------------------------------|-------------|------------------|---------------|----------|----|
| Grade: <u>3rd</u>                          | Allergies: <u>amoxicillin</u> | Teacher (if applicable): <u>Mrs. Hurd</u> |                                                   |             |                  |               |          |    |
| Name of Medication: <u>methylphenidate</u> | Dose: <u>5 mg</u>             | Time to be given: <u>1:00 pm</u>          | Special Instructions: <u>take with applesauce</u> |             |                  |               |          |    |
| Date                                       | Time                          | Starting Count                            | Given (subtract)                                  | Added (add) | Calculated Total | Current Count | Initials |    |
| 8/11/22                                    | 8:00 am                       | 0                                         | 0                                                 | 22 pills    | 22 pills         | 22            | ES, RN   | PS |
| 8/11/22                                    | 1:00 pm                       | 22                                        | 1                                                 | 0           | 21               | 21            | ES, RN   | JD |
| 8/12/22                                    | 1:03 pm                       | 21                                        | 1                                                 | 0           | 20               | 20            | ES, RN   | JD |
| 8/12/22                                    | 8:10 am                       | 20                                        | 0                                                 | 5           | 25               | 25            | ES, RN   | PS |
| 8/13/22                                    | 1:05 pm                       | 25                                        | 1                                                 | 0           | 24               | 24            | ES, RN   | JD |
|                                            |                               |                                           |                                                   |             |                  |               |          |    |
|                                            |                               |                                           |                                                   |             |                  |               |          |    |

- ☐ On page 2 "Medication Inventory Record", both the parent dropping off the medication and the person intaking the medication should print their name, sign their name, and write their initials.
- ☐ On page 2 "Medication Inventory Record", under "Medication Inventory Notes", please write the date, who dropped medication off, and quantity of medication dropped off.

**Medication Inventory Record - Page 2 of 2**  
Any staff member administering medications and/or participating in medication counting, and any parent/guardian dropping medications off should fill out this section.  
When medications are dropped off, parent must participate in medication counting.

| Print Name                           | Signature          | Initials (as used above) |
|--------------------------------------|--------------------|--------------------------|
| <u>Elle Swecker, RN</u>              | <u>[Signature]</u> | <u>ES, RN</u>            |
| <u>Parent First &amp; Last Name</u>  | <u>[Signature]</u> | <u>PS</u>                |
| <u>Student First &amp; Last name</u> | <u>Jane Doe</u>    | <u>JD</u>                |
|                                      |                    |                          |
|                                      |                    |                          |

| Date    | Medication Inventory Notes (Please use this section to state which parent/guardian dropped medication off. Include any other special instructions or miscellaneous information whenever necessary.)                                               |
|---------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|         | <b>*Parents must drop medications off in original pharmacy container with student's name, name of medication, strength, and dosage to be given. Non-prescription medications must be furnished in original container from the manufacturer. *</b> |
| 8/11/22 | Mom dropped off 22 pills (methylphenidate 5 mg). She would like us to text her when there are 3 pills remaining. ES, RN                                                                                                                           |
| 8/13/22 | Mom dropped off 5 pills. ES, RN                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                   |
|         |                                                                                                                                                                                                                                                   |

- ☐ Count the number of doses and document on student medication record. (see example above)
- ☐ Have parent/adult who is delivering medication date and sign student medication record to confirm number of doses. (see example above)
- ☐ Confirm with the parent that the first dose of the medication has already been administered so as to not be administered for the first time at school.
- ☐ Confirm there is a medication order form on file that includes:
  - Name of student
  - Name of medication
  - Dose
  - Route
  - Frequency
  - Physician name/signature
  - Parent signature
- ☐ We cannot administer a prescription medication at school until a medication order form is filled out and signed by parent and physician. These forms are available on the district website.
- ☐ Ensure that the medication is in original pharmacy container with pharmacy label or the manufacturer's original container.
- ☐ Review pharmacy label/medication container and medication form to ensure it is the correct medication/dosage.
- ☐ Check medication expiration date.
- ☐ Place medication in locked cupboard/drawer/file cabinet (depending on which school you are at).

- **For new medications, please email your school nurse to let them know there is a new medication order for a student.**
- The first page of the medication log above shows how to document administration of medication. The student and staff member administering the medication should initial the log, as shown above.
- Over-the-counter medications do not require a physician signature, but they do require the completion of the "Medication Form #3: Parent Medication Form – Over-the-Counter/Non-Prescription Medication with Staff Supervision". See website.
- **7<sup>th</sup> & 8<sup>th</sup> grade students** may carry their own **over-the-counter** medications without any paperwork needed.
- **K-8<sup>th</sup> students** must keep **prescription** medications in the nurse's office and take with supervision.
- **LHS students** may carry their own OTC medications and prescription medications without any paperwork needed. We do need paperwork for emergency medications (epi-pen, inhaler, seizure med, glucagon), even if the student self-carries their medication.
- We can store any medications for students if their parent would like the student to take medications with staff supervision.

**When a parent brings a refill of a medication the student has been taking at school:**

- ☐ Confirm the medication name, dosage, and time to be given have not changed from the original medication order form.
- ☐ Complete the log as shown above.