

Richland Parish School Board

MEDICATION PACKET

1. Have the MEDICATION ORDER form inside the packet completed by your child's doctor.
2. Have the prescription filled at the pharmacy. Let them know the medicine will need to be given at school. Tell them that a separately labeled bottle for the school is needed!
3. Call the School Nurse for an appointment.
 - School nurse for Delhi schools, Mangham schools, and Holly Ridge:
Bobbie Lord, RN
(Cell 318-669-1124)
 - School nurse for Rayville schools, and Start: Wendi
Chevalier, RN
(Cell 318-669-1131)
4. Bring to the appointment:
 - The medicine the child is to receive at school (in the properly labeled bottle from the pharmacy)
 - The completed MEDICATION ORDER form
 - The other completed forms inside the MEDICATION PACKET.
5. After the appointment has taken place and all forms have been completed, the School Nurse will bring the medicine to the child's school, and then he/she will be able to receive medicine at school.

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 Name (print):

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):

2. Student's General Health Status:

3. Medication:

4. Strength of medication:

Dosage (amount to be given):

Check Route: ☐ By mouth ☐ By inhalation ☐ Other

Frequency

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.

Duration of medication order: ☐ Until end of school term ☐ Other

Desired Effect:

Possible side-effects of medication:

Any contraindications for administering medication:

Other medications being taken by student when not at school:

10.

Next visit is:

Prescriber' Name (Printed)
s

Address

Phone and Fax Numbers

Prescriber' Signature
s

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 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 such as asthma inhaler.

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

3. If training has not occurred, may the school nurse conduct a training program? ☐ Yes ☐ No

Licensed Provider's Signature

Date

Richland Parish School Board

RELEASE OF MEDICATION

Date: _____

Student: _____

School: _____

MEDICATION RELEASED: _____

- # of pills: _____
- other: _____

Medication released to :

_____ Bobbie Lord, RN

_____ Wendi Chevalier, RN

_____ School Personnel, _____

**This medication and other appropriate paperwork will be kept in a secure location at each school.*

Signature of Parent/Guardian: _____

Signature of School Nurse: _____

Richland Parish School Board

STUDENT INFORMATION/ EMERGENCY PLAN

Name: _____ Sex: _____ DOB: _____

School: _____ Grade: _____ Mailing Address: _____

Mother: _____ Phone: _____ Cell/other: _____ Work: _____

Father: _____ Phone: _____ Cell/other: _____ Work: _____

Emergency Contacts

Relationship

Phone

*****AL
ALLERGIES: _____

Emergency/routine medication taken at school: _____

Medication located----- (Check one): On student's person _____ School Office _____

Reason(s) medication is to be taken: _____

Other medication taken by student at home: _____

Medical/health problems/conditions: _____

Child's doctor(s): _____ Phone: _____

School nurse to complete if student takes medication @ school:

Can the administration of the student's medication(s) be safely delegated at school? YES _____ NO _____

School Nurse's Signature: _____ Date: _____

STUDENT SPECIFIC EMERGENCIES (If applicable)

IF YOU SEE THIS:

DO THIS:

If an emergency occurs:

1. If the emergency is life threatening, immediately call 911 or ambulance.

2. Stay with the student or designate another to do so.

3. Call or designate someone to call the principal, the parents, and/or the school nurse.

I am aware that if my child has an emergency in school, and I am not available, the school principal or alternate will have my child transported to the emergency room. I will be responsible for payment of emergency care.

Date: _____

Parent signature: _____

Date: _____

School nurse signature: _____

Richland Parish School Board
DIABETES MEDICATION ORDER

**TO BE COMPLETED BY PHYSICIAN ONLY*

STUDENT'S NAME: _____ D.O.B. _____
Name of licensed prescriber: _____ Phone: _____
Diagnosis: _____ Target blood sugar range: _____
Diet: _____ Snack Time(s): _____
Snack prior to P.E.? YES _____ NO _____

BLOOD GLUCOSE TESTING ORDER: _____

Can student do own finger stick: YES _____ NO _____
Student is: _____ Independent in monitoring his/her own blood glucose
_____ Independent in monitoring his/her own blood glucose, but requires supervision
_____ Unable to monitor his/her own blood glucose and will require assistance with procedure

*Will student require medication at school? YES _____ NO _____

MEDICATION ORDER: _____

Time(s)/circumstance for this to be given at school: _____

Specific sliding scale orders (if applicable):

If blood sugar is this:	Give this:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Treatment for hyperglycemia: _____

Treatment for hypoglycemia: _____

Check ketones when: _____

Exercise: _____ Student can participate in regular P.E. without modifications
_____ No P.E. or exercise is permitted if ketones are present in the urine

Additional information to be provided by licensed prescriber:

1. Please list contraindications to this medication or potential adverse effects specific to this student:

2. List other medication(s) being taken by this student: _____
3. Insulin pump protocol (Attach if applicable):
4. IF STUDENT PASSES OUT, CALL 911 IMMEDIATELY

Signature of Authorized prescriber: _____ Date: _____

RICHLAND PARISH PARENT'S ROLE IN MEDICATION ADMINISTRATION

The Louisiana State Legislature has in place medication laws for Louisiana parish schools. R.S. 17:436; I, enactment may be referred to. The Richland Parish School Board has established guidelines and procedures regarding these laws in order to be compliant with state regulations. In order for a student to receive medication at school, the following must be on file: completed medication order, release of liability form, parental consent for medication administration at school, and emergency information.

Prior to the beginning of each school year OR for any new medication to be given at school during the school year, parents must make an initial appointment with the school nurse to sign appropriate medication forms. These forms **must be completed** before any medication may be given at school. These medication forms are found in a **MEDICATION PACKET**. These medication packets can be found at the student's school office OR at the School Nurse's office at the Richland Parish School Board Office. **The MEDICATION ORDER form inside the medication packet must be filled out by the child's doctor before medication can be given at school!** After all the forms inside the medication packet have been completed by the parent/guardian **and** the medication order form completed by the child's doctor, call the Richland Parish School Board Office to make an appointment with the School Nurse. If she is not available, please leave a message. Bring the completed **MEDICATION PACKET** forms, **and THE MEDICATION THE STUDENT IS TO RECEIVE AT SCHOOL!**

After medication has been given at school and all forms are in place, **future refills** of the same medicine the student is receiving at school may be brought to the School Nurse OR the student's school. The student's medication would then be released to the School Nurse OR a school employee trained in medication administration. This must be released by a parent or guardian in a current medication container appropriately labeled by the pharmacy. Parents or guardians must sign a form stating the medication was received to and from whom, and how much was received. No more than a **35-day** supply in tablet form can be kept at the school for each child. **If a medication dosage or dispensing information should change**, the same guidelines should be followed for initial medicine doses. A **new MEDICATION ORDER** Form from the doctor with the new changes must be given to the School Nurse. A **new** pharmacy label must also be issued with the correct medicine.

At the end of school, all medication must be picked from the school by the student's parent/guardian. Proper documentation must be signed when picking up any medicine. The School Nurse will designate medication pickup days at the schools. A letter will be sent near the end of school to indicate these dates. Any medication remaining at school one week after the last day of the school year will be wasted according to State/Parish policy. This includes tablets, liquids, Epi-pens, glucagon, insulin, etc.

Students are strictly prohibited from having any drugs in their possession (prescription or over-the-counter) on the school grounds, unless ordered and dispensed by the student's doctor. **DO NOT SEND MEDICATION WITH THE STUDENT TO SCHOOL! ACCORDING TO SCHOOL POLICY, STUDENTS WHO VIOLATE THE DRUG POLICY SHALL BE SUBJECT TO DISCIPLINARY ACTION.**

Acutely ill students should be sent home or stay home from school. Students recovering from an acute illness should remain at home until the need for medication no longer exists.

No over the counter or prescription medication can be given without a doctor's order! These may include: Tylenol, Motrin, cough syrup, antibiotic ointment, Tums, Roloids, anti-itch creams or sprays, first aid pain relieving ointment or sprays, etc.

Other medication information:

1. No medication will be accepted in plastic bags or mislabeled bottles.
2. No ear or eye drops can be given at school by school personnel; but, a student may self administer the medicine if the doctor orders and approves it.
3. Antibiotics should be given in a time frame so that they can be given at home if at all possible.
4. Each medicine ordered must be on a separate medication order form, to be completed by the doctor.
5. Annual renewals to continue medications require new orders each school year.
6. Parents/Guardians of students may come to the school to administer medication without any required paperwork or meeting with the school nurse.
7. Medication should be administered before or after school hours, whenever possible.
8. The first dose of any medication will be given outside the school jurisdiction, allowing at least 12 hours for observation for adverse reactions before the student returns to school.
9. All medication must have a current pharmacy label.
10. No more than a **35 day supply** of medicine can be kept at school. If any student has an inhaler or Epi-pen, etc. that they keep with them at all times, (as ordered by physician), they **MUST** go to the office as soon as possible to sign the medication log for the time it was used. If the student does carry medication on themselves, as listed above, it is advisable that the school office be provided with an extra dose for locked storage.

I HAVE READ AND AGREE TO THE TERMS OF MY ROLE IN MY CHILD'S MEDICATION ADMINISTRATION AT SCHOOL.

PARENT SIGNATURE: _____ **DATE:** _____

Richland Parish School Board

Parent/Guardian Request, Consent, and Release from Liability for Administering Medication at School

I, _____ the parent/guardian of the minor child _____ request
Name of parent/guardian Name of student
that he/she to be given medication prescribed by _____ from _____ to
Name of physician Date
_____ under the supervision of unlicensed assistive school personnel trained in medication
Date

administration and/or the school nurse. I agree to furnish the medication to the school nurse by myself and provide the medication in a container labeled by the pharmacy specifically for the school time(s) dose. Any medication refills following the initial release to the school nurse may be released to school staff trained in medication administration. I agree to observe and verify the count of medication released and document receipt of the medication. I assume all responsibility for any mistake in furnishing an incorrect dosage. In consideration of allowing said child to attend school, I hereby release, relieve and discharge the Richland Parish School Board and/or any of its agents or employees, from any and all liability or injury or damage to health of said child receiving medication during school hours.

I understand that I may retrieve the medication from the school at any time and that the medication will be destroyed if it is not picked up within one week following termination of the order or within one week following the last day of the school year. I have administered the initial dose at home and have allowed the required time of twelve hours for observation of adverse reactions before asking school personnel to administer the medication.

I give consent for the school nurse share with appropriate school personnel information relative to the prescribed medication or my child's medical/health condition as the nurse determines necessary for my child's health and safety at school. I give consent for the school nurse to assess my child in the school setting to assure the safety of giving this medication at school. I understand that any medical/health information that is disclosed is for the purpose of health and educational planning. By this acknowledgement, I release the Richland Parish School Board and/or any of its agents or employees, from any and all liability of improper disclosure of health information.

In case of an emergency that is life threatening, the school will immediately call 911. I am aware that the school will call me and/or an emergency contact. I give permission for the principal or alternate to transport my child to the nearest emergency room. I will be responsible for any expenses incurred.

I feel that my child is sufficiently responsible and informed to administer his/her own medication, if the physician has ordered the medication for the student to carry on his/her self. I agree to release from all liability the Richland Parish School Board and/or its agents or employees in regard to allowing my child to carry and self-administer medication. I understand that any self administered medication must be properly labeled according to parish policy. I also have instructed my child to report to the school office after any medication is self administered so it can be documented on the school's medication log.

Parent/guardian signature: _____ Date: _____