



**Guidelines for Medication Administration** to be completed, signed and dated by Parent

**Name of Student** \_\_\_\_\_

**Date of Birth (MM/DD/YYYY)** \_\_\_\_\_

The following is a list of guidelines that must be followed for any medication to be administered at Erskine Academy.

1. The school nurse must have written notification from the student's health care provider of the following:
  - a. Name of medication
  - b. Condition being treated
  - c. Dosage and time the medication is to be given
  - d. Route of medication administration
  
2. All medication must be in the original container with the label intact. Whenever possible, labels should be in English. If they are in another language, an English translation should be given to the nurse. All containers must be labeled to match the prescription written by the health care provider. Please provide the nurse with an empty pharmacy labeled bottle for field trip purposes.
  
3. All medication must be supplied to the nurse, either in person or through the mail. Students should bring at least a 30 day supply upon arrival.
  
4. Herbal and homeopathic medications in any form will be treated as medications, not as supplements. Please note that if any of these are found to be controlled or illegal substances in the U.S., then an acceptable alternative medication must be used instead.
  
5. Refills are sole responsibility of the parents/guardian. Unclaimed medications shall be disposed of after 2 weeks. Controlled substance cannot be sent via mail.
  
6. All medications must be administered by or under the direction of the school nurse or dorm staff on duty. This includes all over the counter medications, prescriptions, and anything that appears to be or takes the form of medicine. Students may administer their own vitamins but should provide the nurse with a list of vitamins being consumed.
  
7. When residential students are sick at Erskine Academy, it is often considered wise to provide them with over-the-counter medication for symptom relief, thereby increasing their comfort level. The dorm staff on duty, with the assistance of the nurse, may decide which medications are useful in illnesses not requiring a health care provider's evaluation.

May your student receive temporary, over-the-counter medication for symptom relief? **YES**      **NO**

If yes, are there any medications which the student should not have? Please list them here as well as the reason for this decision: \_\_\_\_\_

**Medications Being Taken**

Please list all routine medications. This includes medication taken for temporary illness and over-the-counter medicines. Medications must be accompanied by a written statement from the prescribing physician detailing the administration of the medicine. Medications are distributed at (B) breakfast, (L) lunch, (D) dinner, and (BT) bedtime.

- This student takes **NO** medication on a routine basis.  
 This student takes the following medication: (circle all that apply)

|             |         |   |   |   |    |
|-------------|---------|---|---|---|----|
| Medicine #1 | Dosage: | B | L | D | BT |
| Medicine #1 | Dosage: | B | L | D | BT |
| Medicine #1 | Dosage: | B | L | D | BT |

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_