



# Woodland Hill

MONTESSORI SCHOOL

## WOODLAND HILL MONTESSORI SCHOOL HEALTH PROGRAM

### *INTERNAL MEDICATION IN SCHOOL*

There are circumstances when, under specific regulations, a medication prescribed by a private physician may be administered to a pupil during school hours. **Medications should only be given at school if it is prescribed for a time that cannot be given at home.** This is a program adjustment to meet the health needs of an individual pupil.

One of the basic concerns about which decision must be made is whether the child in question is actually able to attend school. The child's status will need to be reviewed to ascertain that their physical or emotional condition is such that they can take advantage of education opportunities.

Certain facts must be established about the medication. It should be determined that the frequency of dosage demands that it be given during the hours when the child is in school. If it is medication, which can be administered once or twice a day, it is usually possible for the parents to take the responsibility. If it is a medication, which must be given at extremely frequent intervals, it is not reasonable to expect that it can be handled efficiently in the school. If the medication is given only as necessary, rather than at a specified time, it imposes a number of serious problems, including, that of the need for a professional decision as to necessity.

#### MEDICATION MAY BE ADMINISTERED ONLY IF IT IS ACCOMPANIED BY:

1. The written order of your physician specifying diagnosis, medication, (possible side effects), dosage, frequency, and the time element for administering this medication.
2. The written request of the parent, requesting that school personnel administer the medication as ordered.
3. The family must provide the medication in a bottle, tube or container that clearly indicates date, name of child and physician, name of medication, dosage, and frequency.
4. ***Medication must be brought in by parent or designated adult.***

### *PERMISSION FORM ON BACK*

**WOODLAND HILL MONTESSORI SCHOOL HEALTH PROGRAM**

***AUTHORIZATION TO ADMINISTER INTERNAL MEDICATION BY SCHOOL PERSONNEL***

**PLEASE COMPLETE BOTH PARTS**

**A. FOR PARENT**

I, \_\_\_\_\_ request that the school nurse, or other  
Name of Parent or Guardian  
authorized personnel, administer to \_\_\_\_\_  
Name of Student  
the medication prescribed by \_\_\_\_\_  
Name of Physician

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

\_\_\_\_\_  
Date Signed

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**B. FOR PHYSICIAN**

This is to certify that \_\_\_\_\_ is being attended  
Student Name  
and treated by me. It is essential that they be given the following medication in the  
dose indicated during the school hours for treatment of \_\_\_\_\_.

Name of medication (or other identification) \_\_\_\_\_  
\_\_\_\_\_

Dosage Schedule \_\_\_\_\_

Possible side effects \_\_\_\_\_

Length of time to be given: \_\_\_\_\_ Indefinitely or until \_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Date Signed

**\*\*\*It is the parent's responsibility to see that the school receives this authorization\*\*\***

**\*\*\*\*Student may self-carry at discretion of school nurse and physician\*\*\*\***