

Office of the School Nurse

DATE: _____

MEMORANDUM FOR: Parents/Sponsor of _____

SUBJECT: Student Use of Medication during the School Day

The school nurse accommodates parent requests for medication (to include prescription, non-prescription, and over-the-counter) to be administered during the school day. According to *DoDEA Health Service Guide, DS Manual 2942.0*, school personnel may administer medications when certain criteria are met.

In order for school personnel to administer medications during school hours, the attached form **MUST** be provided to the school signed by the **parent** and a **physician**.

The medication will be in the original container, **properly labeled by the pharmacy or physician**. The label should indicate the name of the student and physician, the medication, dosage and frequency. The date of the prescription needs to be a current date.

All medications will remain at the school for the duration of the prescription. Any changes in the medication, dosage or frequency will necessitate **a new form and a new-labeled container**.

Medications for acute illness (such as bacterial infections) are usually prescribed three times a day and may be administered by the parent before school, after school, and before bedtime.

Please call "*insert school nurse name and phone*" if you have any further concerns.
