

Buford City Schools Student Support Services

Medication Administration Assistance Guidelines For After School Activities

- 1.) All medication (prescription & nonprescription) must be taken (by an adult) directly to a certified personnel/school official for safe storage during the after school activity.
- 2.) All medication must be accompanied by an Administration of Medication Request Form (signed permission by parent/guardian) before certified personnel/school official will assist in the administration of any medication. No exceptions. **Verbal consent cannot be accepted.**
- 3.) All medication must be in the original child-resistant container. Prescription medicines must be in the labeled prescription bottle with student's name prescribed. If medicine is needed during after school hours, during a limited time-period, bring enough medicine for daily dose. The empty container will be returned to the student. **No unused medication will be returned to a student to carry home. The certified personnel/school official will return unused medication to the student's parent/guardian immediately upon return from the activity.** The certified personnel/school official will dispose of all medication not retrieved by the parent/guardian immediately upon student's return from any after school activity.
- 4.) **It will be the student's responsibility to obtain the medication at the prescribed time.**
- 5.) Any medication found in the possession of a student will be taken to a certified personnel/school official for storage until the parent/guardian can be contacted. It will not be returned to the student, and the student will face disciplinary action for violation of school's policy on medication.
- 6.) Over-the-counter medication (ex. Tylenol, Motrin, cough remedies) will not be given on a continual "as needed" basis during after school activity hours, unless prescribed by a physician for chronic/acute disorders.
- 7.) Self-administration of asthma medication and/or Epi-Pen require a separate permission form. Please contact the school nurse during school hours for assistance (770-945-6768).

**ADMINISTRATION OF MEDICATION REQUEST**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Doctor: \_\_\_\_\_

Reason of medication given: \_\_\_\_\_

Amount to be given (dosage)/Time to be given (schedule): \_\_\_\_\_ Date(s) needed (duration): \_\_\_\_\_

List all allergies (if any) &/health concerns/side effects: \_\_\_\_\_

Phone #'s (home) \_\_\_\_\_ (other) \_\_\_\_\_

The undersigned hereby releases and agrees to hold harmless and indemnify the Buford City Schools Board of Education and any employee of the Board from any liability whatsoever occasioned by the administration or non-administration of the above described medication to our child during after school hours in accordance with above instructions.

The undersigned also authorizes the prescribing physician named above to discuss with the principal or his/her designated staff member any matter regarding the medication to be administered.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date