

This form **MUST** be completed for **ALL STUDENTS** in order to provide us with emergency medical information. All daily medication, including both prescription and over the counter, must be self administered by the student. Only the required dosage in a sealed, labeled container should be sent to school in the student's lunch box (35 mm film canisters work well). Please do not use baggies or aluminum foil. Please return this form to Benchmark School office by the beginning of the school year. **THIS FORM MUST BE COMPLETED EVERY TIME A MEDICATION CHANGE TAKES PLACE.** Please allow one day's notice before making changes for medications taken during school hours. **THANK YOU!!**

**BENCHMARK SCHOOL  
PHYSICIAN'S REQUEST FORM  
ADMINISTRATION OF MEDICATION**

Student's Name:		D.O.B.	Teacher Name:
Street Address:			
City:	State:	ZIP:	
<input type="checkbox"/> MY CHILD IS NOT RECEIVING MEDICATION ON A CONTINUING BASIS. (Please check) (If you placed a check above, there is no need to continue completing this form -- just sign and return to Benchmark.)			
Physical condition for which drug is being taken:			
<b>THE FOLLOWING IS A LIST OF <u>ALL</u> MEDICATION, PRESCRIPTION AND OVER THE COUNTER, THAT MY CHILD IS TAKING AT THE PRESENT TIME. <u>THIS INCLUDES MEDICATIONS TAKEN AT SCHOOL AND ELSEWHERE.</u></b>			
<u>Medication:</u>	<u>Dosage:</u>	<u>Time of Day Med. is taken:</u>	<u>Effective Date:</u>
<b>THE FOLLOWING IS A LIST OF MEDICATIONS THAT MY CHILD IS <u>TAKING DURING SCHOOL HOURS:</u></b>			
<u>Medication:</u>	<u>Dosage:</u>	<u>Time of Day Med. is taken:</u>	<u>Effective Date:</u>
Possible reactions that need to be reported to the physician:			
Disposition of student following administration of medication, i.e., rest, home, hospital, doctor's office, return to class.			
The above medication cannot be scheduled for other than during school hours and such medication may be administered by medically untrained school personnel whenever necessary.			
Physician's Name:		Parent's Signature:	
Address:		Physician's Signature:	
Telephone:			
Date of Request:		Medication to be continued as above until: (Date)	
This form may be sent to Benchmark School by mail (2107 N. Providence Rd., Media, PA 19063) or FAX (610-565-3872)			

# **BENCHMARK SCHOOL MEDICATION POLICY**

## **PHILOSOPHY**

Although we still maintain our philosophy of wanting our students to become self-advocates who are responsible for themselves, we feel that safety must come first. It is our opinion that the safest way to handle medication administration is to have it personally dispensed to each student by our school nurse. We will still make every attempt to be sensitive to each child's feelings around taking medication, and to work with students to better understand the need for medication. As a school, we are conservative about making recommendations for medical evaluations to address learning style issues (such as poor attention and impulse control), preferring to first use classroom and behavioral strategies and approaches to address these issues. We do not ever recommend medication, only medical evaluations, and thus questions regarding medication (such as dosage and administration) are best addressed by the prescribing physician. We will provide behavioral observations to the child's physician to help with the decisions regarding medication, but the child's physician is the appropriate professional to make dosage adjustments. We can also provide a list of area physicians whom we have found particularly cooperative in working with both parents and school personnel around these complicated issues.

## **PROCEDURE**

1. Every effort should be made to give all doses of medication at home. Normally, medication to be given three times per day can be given at home (e.g., before school, after school, bedtime). If the need is for four times per day, a dose is usually necessary during the school day.
2. Only medications prescribed by a physician for a particular child will be given during school hours. Written instructions from the physician are required (blue Medication Form). Any change in dosage or medication must be accompanied by a revised Medication Form.
3. All medications must be clearly marked with a prescription label bearing the child's name, type of medication, dosage, and time to be given.
4. Children should not carry medication to school. Parents should bring the medication to the Office. Enough medication should be left at school for the duration of the prescription. Children should not transport medication back and forth to school each day.
5. Over-the-counter medication will NOT be administered in school unless accompanied by a parent or physician's note and in the original container. Children will not be permitted to take medication on their own during school hours.
6. When the school nurse is in the building, the school nurse will administer the medication. A designated staff member will administer the medication when the school nurse is not available. Any parent who wishes to come to school to administer medication to their own child may do so. Please check in at the office first.
7. Teachers are instructed to not permit children to take medication at school. Please do not place your child in an embarrassing situation by sending medication to school without the proper instruction.
8. The school nurse may administer lozenges, and antacids as needed for student illnesses. Parent permission for the administration of 325 mg. of acetaminophen is obtained on the annual "Emergency Information Form" and is supplied by Benchmark.
9. It is important that parents send in prescribed medications for all school related activities such as field trips, camping trips, etc., to insure that the student can participate fully. A designated Benchmark staff member will take charge of dispensing medications during such trips.
10. Unused medication will be disposed of at the end of the school year or when the duration of the medication ends. If you would like the unused medication returned to you, it must be picked up by you.