

Center Point Urbana Community Schools

Medication Administration at CPU School

According to CPU Board policy, prescription and non-prescription medications that are essential for the student to attend or benefit from school can be given at school according to the following guidelines:

Prescription medications MUST:

- Have medication administration form completed and signed by parent
- Be in original Pharmacy labeled bottle
- Be kept in locked Health Office
- Asthma inhalers, Epipens or Insulin may be carried by student with special permission
- Be delivered to school by parent

Non-prescription medications MUST:

- Have medication administration form signed by parent
- Be in original, labeled container (no baggies)
- Be only FDA approved drugs (no vitamins or herbal supplements are given at school)
- Have age appropriate dosage

Any over-the-counter medication given more than 3 consecutive days will require a physician's order

No student is allowed to carry his or her own medication with the exception noted above.

The school does keep Tylenol (acetaminophen) in supply for those students that may need it periodically. Parental consent is necessary for this to be given and is available by signing the appropriate page on E-Registration.

CPU Medication Permission Form

Prescription

Prescription container labels must include the following information: name of medication, strength and quantity, dosage, prescription serial number, name and address of pharmacy, date prescription dispensed, time to be given, name of doctor, name of student and route of administration.

Student's name _____ Grade _____

Medication name _____ Dosage _____

Approximate time to be given at school _____ Do Not Give medication on Early out
Or Late start days – please circle

Length of time medication is to be given _____

Health condition for which medication is given at school _____

Medication is prescribed by _____

Signature of parent or guardian _____ Date _____

Non-prescription

Non-prescription (over-the counter) medications must be in the original container with information clearly marked regarding dosage.

Student's name _____ Grade _____

Medication name _____ Dosage _____

Time to be given _____ Time given at home _____

Health condition for which medication is given at school _____

Signature of parent or guardian _____ Date _____

All medications will be given by the school nurse or other personnel who have successfully completed a medication administration course.