



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

MEDICATION ADMINISTRATION AT UNIVERSITY SCHOOL

Dear Parent/Legal Guardian,

Although it is encouraged and preferred that medications not be given during the school day, many students need medications during school hours. The administration of medication in the school setting is a service that is provided to promote wellness and decrease absenteeism by removing a barrier to learning. When there is a need for a student to receive medication in school, safe and proper administration is essential.

Medication shall be administered only when the student's health requires that it be given during school hours. It is the Parent/Legal Guardian's responsibility to have the required Medication Administration Form completed by your student's healthcare provider and deliver completed forms and necessary medication to school. Students should not carry or have any medication in their possession at any time unless properly documented with the school nurse and school administration. Failure to adhere to the appropriate protocols could result in disciplinary consequences, so we encourage all families and students to contact the school nurse regarding any medication needs when on campus.

Prescription Medications: All prescription medication must be delivered to the school in the original container by a Parent/Legal Guardian. The pharmacy label must include the following information:

- | | |
|--|--|
| ➤ Name of student | ➤ Date |
| ➤ Prescription number | ➤ Licensed prescriber's name |
| ➤ Name of medication and dosage | ➤ Pharmacy name, address, and telephone number |
| ➤ Administration route or other directions | |

Non-Prescription Medications: All non-prescription medication must be delivered to the school in the original manufacturer's container with the ingredients listed and the student's name affixed to the container by the Parent/Legal Guardian. The container must be in a new, unopened bottle or in a blister pack that is sealed and labeled.

Other Medications: Herbal/homeopathic medication shall be administered only with a healthcare provider's order and a completed medication form signed by the Parent/Legal Guardian.

The first dose or administration of any medication should be given at home. The Parent/Legal Guardian is responsible for picking up any remaining or unused medication. If medication is not picked up, the remaining or unused medication will be discarded at the end of the school year.

Thank you for your cooperation and for helping us maintain a safe environment for our students.

Sincerely,

Your University School Nurse



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

STUDENT HEALTH FORM - CONFIDENTIAL

Please note: This form must be completed for every student each year and turned in to the school nurse.

SECTION 1: GENERAL INFORMATION

Student's Printed Name:

DOB:

Student's Current Grade:

Parent/Legal Guardian Printed Name:

Preferred Telephone Number:

Alternate Telephone Number:

SECTION 2: EMERGENCY CONTACTS

Printed Name

Relationship to Student

Telephone Number

Printed Name

Relationship to Student

Telephone Number

Printed Name

Relationship to Student

Telephone Number

SECTION 3: MEDICAL INFORMATION

Please list your student's medical condition(s) below. Additional forms may be needed.

Please list any special considerations for your student:

Allergies: ☐ No known allergies

If your student has any allergies to foods, insects, medications, etc., please list below.



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

SECTION 4: MEDICATION INFORMATION

Please list any medications your student takes daily. Please include both prescription and non-prescription medications.

University School maintains the medications listed below. By placing your initials by each, you are providing your permission for University School to administer or assist in self-administration of the medications below as indicated. With your permission, when the School Nurse determines in their professional clinical judgment medication is needed, these medications will be given at the manufacturer's recommended dosage. If a medication listed below is unavailable, clinically similar medications may be substituted.

Parent/Legal Guardian Initials	Medication Name	Symptoms
	Tylenol	Mild to Moderate Aches/Pains/Headaches
	Ibuprofen	Mild to Moderate Aches/Pains/Headaches
	Benadryl (age 6 and up)	Allergic Reactions/Nasal Congestion/Allergies
	Claritin/ Cetirizine	Nasal Congestion/Sinus Pressure/Allergies
	Tums/Antacid	Upset Stomach
	Calamine lotion/Benadryl lotion/Cortisone Cream	Contact Dermatitis
	Cough Drops	Cough/Throat Irritation
	Vaseline	Mild Cut/Abrasion
	Sting Eze for bee stings or bug bites	Pain or Itch from Bee Stings/Bug Bites
	Anbesol ointment/Orajel	Mouth Ulcers/Mild Toothache

SECTION 5: OTHER

Does your student have health insurance? ☐ Uninsured ☐ Family Insurance ☐ TennCare ☐ Other

Individual Health Plan ("IHP"): ☐ My student needs an IHP for their medical condition.



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone: (423) 439-4333

Fax: (423) 439-5921

CONSENT

I represent that I am the Parent or Legal Guardian of the student listed in Section 1 of this form. I give my permission for University School to administer or assist in the self-administration of the medication(s) I have initialed beside in Section 4 of this form. I assume full responsibility for any side effects and/or complications that my student may have resulting from these medications.

I understand that in the case of illness or injury, my student may be treated and/or transported by emergency personnel to the nearest healthcare facility and that any cost associated with care or transport will be my responsibility.

I understand in the event of a suspected opioid overdose, the school nurse or other trained personnel will administer Naloxone to my student. I understand in the event of a suspected life-threatening allergic reaction, the school nurse or other trained personnel will administer Epinephrine to my student.

I grant University School permission for the school nurse to communicate with my student's healthcare providers for the purposes of treating my student. I grant University School permission to communicate with the emergency contacts listed on this form and share information about my student with those individuals to the extent necessary.

By signing below, I certify that the information provided is true and complete to the best of my knowledge.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

MEDICATION ADMINISTRATION FORM

Please note: This form must be completed if your student requires administration of prescription, non-prescription, or other medications during the school day that are not provided by University School. If your student has more than one medication that will be administered at school, you and your healthcare provider must complete a separate form for each medication. Medication must be delivered by the Parent or Legal Guardian to school. All prescription medication must be delivered to the school in the original container. All non-prescription medicine must be delivered to the school in a new, unopened, manufacturer's container.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

Student's Printed Name:

DOB:

Student's Current Grade:

Parent/Legal Guardian Printed Name:

Preferred Telephone Number:

Alternate Telephone Number:

By signing below, I authorize University School personnel to assist my student with self-administration of medication as indicated on this Medication Administration Form. Medication is administered solely at my request, and as an accommodation to me, the Parent/Legal Guardian. I assume full responsibility for any side effects and/or complications that my student may have resulting from these medications.

RELEASE: YOU HEREBY FULLY RELEASE AND DISCHARGE EAST TENNESSEE STATE UNIVERSITY, ITS OFFICERS, AGENTS, SERVANTS, AND EMPLOYEES; THE EAST TENNESSEE STATE UNIVERSITY BOARD OF TRUSTEES; AND THE STATE OF TENNESSEE, THEIR EMPLOYEES, OFFICERS, AND AGENTS FROM ANY AND ALL CLAIMS FROM INJURIES, DAMAGE, OR LOSS WHICH STUDENT MAY HAVE OR WHICH MAY ACCRUE TO STUDENT ARISING OUT OF THE ADMINISTRATION OR FAILURE TO ADMINISTER MEDICATION TO STUDENT.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____ Date: _____



UNIVERSITY SCHOOL

EAST TENNESSEE STATE UNIVERSITY

68 Martha Culp Drive, ETSU, Johnson City, TN 37614

Phone:(423) 439-4333

Fax:(423) 439-5921

TO BE COMPLETED BY HEALTHCARE PROVIDER

Name of Medication:

Dosage:

Diagnosis for which medication is given:

Reason medication is needed at school:

Start date:

Stop date:

Form (tablet, liquid, cream, etc.):

Route (oral, topical, inhaled, injected, etc.):

Special handling instructions: ☐ Refrigeration ☐ Keep Out of Sunlight ☐ Other: _____

If medication is to be given daily, what time? _____ A.M. _____ P.M.

If medication is to be given "as needed," describe the symptoms the student will exhibit:

How soon can "as needed" medication be repeated?

Possible side effects and procedures to follow:

Healthcare Provider Printed Name: _____

Healthcare Provider Signature: _____ Date: _____

Address: _____

Telephone Number: _____

Fax Number: _____

SCHOOL STAFF USE ONLY

Completed form received by University School on: ____/____/20____

Form processed by: _____