



## POLICY FOR DISPENSING PRESCRIPTION MEDICINE

**It is highly recommended that no prescription medication be dispensed at school.** Most antibiotics are prescribed to be dispensed three times per day. That can be accomplished by dispensing to the child prior to his/her arrival at school, immediately after school, and just before bedtime. Dispensing during school hours should be avoided, if possible.

***In an unusual situation where a student must have medication during school hours, the parent needs to have completed and returned to the school office this medication form.***

It is the responsibility of the student to come to the school office for the required medication. The JCDS office personnel are not responsible for maintaining the student's medication schedule. In the event a student attends a field trip, the teacher in charge will dispense the medication to the child.

Medication must be given to the school office by the parent or his/her designee with the **prescription label on the bottle or medication tube** or any device the medication is in with the name of the student, name of the medication, the strength of the medication, **and the directions for dispensing the medication**. For non-prescription medication, **the original container must be sent to the school office with written instruction signed by the parent.**

**Under no circumstance should a student have possession of medication on his/her person or in his/her locker.**

I have read the above medication policy and agree to follow these guidelines. I understand that no medication will be dispensed to my child without written authorization.

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I hereby authorize the Jewish Community Day School of Rhode Island to dispense the following medication to my child:

\_\_\_\_\_.

The dispensing of this medicine will begin on \_\_\_\_\_ and finish on \_\_\_\_\_.  
(date) (date)

I would like my child to come to the office at the close of school each day to pick up this medication and take it home with him/her for home dispensing. (✓) \_\_\_yes \_\_\_no

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date