



As a charter school, Granite State Arts Academy, is not required to have a nurse on staff, nor is there one in the building. However, our staff has been trained in CPR and first aid response. All medication must be checked in to the front office and must bear a pharmacist's label with the recommended dosage. Students are not permitted to have prescription or Over the Counter medications in their possession on campus at any time. Granite State Arts Academy will store the medication and monitor the students' taking of medication during regular school hours. It is imperative that practices followed in the storage and administration of medication be carefully delineated to ensure the safety of our students and the legal protection of our employees.

If a child is taking a prescription medication on a regular basis because of a diagnosed medical condition, written diagnosis and authorization from a licensed healthcare provider is required.

- The primary responsibility for the administration of medication rests with the parent, student and the student's medical professional.
- Students are solely responsible for the timing of taking their medication, requesting assistance from the designated staff member at the appropriate hour. Staff will not seek out a student to take his or her medication.
- Medication shall be administered only during school hours if determined to be absolutely necessary on an ongoing basis. The student will be monitored taking the medication but a staff person will not physically administer the medication.
- The parent shall sign Parent Consent for Supervised Student Self-Administration of Medication form, which is to be kept on file at the school
- Designated staff shall keep records of medication taken at the school.
- All medication will be kept in a secure and appropriate storage location and designated staff shall supervise the student while he or she self-administers the medication per physician's instructions.
- Designated staff shall return all surplus medication to the parent upon completion of the regimen or prior to the end of the school year.
- A signed physician consent form must be on file at the school

I have read and by signing agree to these guidelines:

_____ (parent signature)

Parent Consent for Supervised Student Self-Administration of Medication

*****Please fill out consent form for each medication required*****

Dear Parents/Guardians,

You and your child must sign this form if your child will be self-medicating with prescription medications during school hours. Please note that if there are any changes to prescribed medications, you must provide the School with an updated Consent. Staff of Granite State Arts Academy will store medications in a safe, locked location and will monitor the student taking his/her medication; the staff will not be administering the medication to the student.

Parental Consent

I understand that by virtue of granting this consent, my child will be solely responsible for taking the above medication under the supervision of a GSAA staff person. I further agree that we will allow GSAA to store this medication. By signing this, I agree that I have read and understand The Granite State Arts Academy's Medication Policy and that I will indemnify and hold harmless the Granite State Arts Academy School, its officers, directors, employees, agents, and trustees for any liability or damages of any kind whatsoever relating to my child's use or non-use of the medication pursuant to this consent, and any injury, damage or death of any kind whatsoever to any other person relating to my child's right to self-administer medications under this consent.

My child, _____, may self-administer the following medications with supervision:

Medication prescribed _____

Prescribed dosage and frequency _____

Time of day _____

Reason for medication _____

Does medication require refrigeration? _____

Precautions _____

Side effects _____

Student Signature: _____

Parent/Guardian Signature: _____

Date: _____

Prescriber Consent for Supervised Self-Administration of Medications

In accordance with The Granite State Arts Academy Medication Policy, students may self-administer prescription medication (with supervision) with the consent of the student's parent or guardian and the prescriber of the medication. This consent form must be signed by the prescriber of the medication and be returned to The School before students will be permitted to self-administer prescription medication.

PRESCRIBER CONSENT

I hereby authorize _____ to self-administer the following

(Name of Student)

medication(s):

Medication: _____ Dosage: _____ Instructions: _____

Medication: _____ Dosage: _____ Instructions: _____

Medication: _____ Dosage: _____ Instructions: _____

For the treatment of: _____

Prescriber Signature: _____ Date: _____