

III. Medication Procedure for extended off-campus activities

- A. Student specific medication retained in the School Health Clinic **may not** be checked out for administration during extended off-campus activities
- B. **Each** medication will be signed in on the "Dispersion of Medication Form" (available in School Health Clinic)
- C. Parent/guardian consent **must** be obtained by signing the front page of the "Dispersion of Medication Form"
- D. Medication **must** be in the original container, properly labeled with the student's name, name of medication, dosing directions, administration time, and include an expiration date
- E. Each medication to be checked in **must** be jointly counted by school personnel and the parent/guardian
- F. The medication count **must** be documented on the "Dispersion of Medication Form" under Registry of Medication Intake and signed by delegated school personnel and the parent/guardian
- G. Each medication administered (prescription and non-prescription) by school personnel **must** be documented on the "Medication Registry for Extended Off-Campus Activity Log"
- H. Upon returning to the campus, any remaining medication should immediately be picked up by the parent/guardian or disposed of following Procedure for Disposal of Medication
- I. School personnel will again jointly count the amount of medication being picked up by the parent/guardian or wasted
- J. School Personnel will document and sign the medication count on the "Dispersion of Medication Form" under Medications Signed Out/Wasted, obtain parent/guardian signature or witness signature if wasting medication

MEDICATION COUNT VERIFICATION FORM

Prescription medication counts are to be completed at least three (3) times a year (beginning of school year, middle of the school year as delegated on the "Individual Medication Administration Record", and the end of the school year) and as needed for medication count questions/concerns, change in staff, etc. Non-prescription medication counts should be completed on an as needed basis and/or as time allows.

Student: _____ Medication: _____

**Note: Always notify your supervisor if the balance is equivalent to any number other than zero.*

1. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance

Signature: _____ Date: _____

2. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance

Signature: _____ Date: _____

3. Total Medication Intake	+	_____	
<i>(Accumulative total to date. Refer to back of Med Dispersion Form.)</i>			
Total Medication Administration	-	_____	
<i>(Accumulative total to date. Refer to back of Individual Med Record.)</i>			
		_____	Sub-Total
Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____	-	_____	
<i>(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)</i>			
Total Med Count Established by Record Keeping/Documentation		_____	Total
Total medication Count Retained in Clinic (Physical Med Count)	-	_____	
Balance Should Equal Zero		_____	Balance

Signature: _____ Date: _____

4. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ Balance

Signature: _____ Date: _____

5. Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ Balance

Signature: _____ Date: _____

END OF SCHOOL YEAR

Total Medication Intake + _____
(Accumulative total to date. Refer to back of Med Dispersion Form.)
 Total Medication Administration - _____
(Accumulative total to date. Refer to back of Individual Med Record.)
 _____ Sub-Total

Meds Wasted _____ + Meds Signed Out (Parent Pick-Up) _____ - _____
(Refer back to Med Dispersion Form & Comment Section on Individual Med Record.)
 Total Med Count Established by Record Keeping/Documentation _____ Total

Total medication Count Retained in Clinic (Physical Med Count) - _____
 Balance Should Equal Zero _____ Balance

Parent Signature: _____ Staff Signature: _____
**Obtain signatures for end of year med count when medication is picked up by parent.*

Staff Signature: _____ School Designee: _____
**Obtain signatures for end of year med count when medication is wasted.*