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| **Standard Operating Procedure Outline** | | | | | |
| Category: | **Student Operations** | | Department: | **Student Services & Coordinated School Health** | |
| Procedure: | **Medication Sign-In** | | | | |
| Author: A. Martin | | Version: 1.0 | | | Date: May 25, 2022 |
| **Operational Objective(s)** | | | | | |
| * To ensure student medication is properly received, recorded, and stored in Germantown Municipal School District.   **SIMPLIFIED CHECKLIST**   |  |  | | --- | --- | | 1. **Parent or guardian presents medication to the school front office.** |  | | 1. **If possible, the nurse will meet the parent in the office. If the nurse is not available, the designee may sign-in the medication.**    1. **If the medication is a refill, use the previously completed medical administration record (MAR).** |  | | 1. **Medications must be:**    1. **Prescription meds must have an in-date pharmacy label affixed to it. This includes bottles, inhalers, epi-pens, diastat, and any other prescription medications.**    2. **Over the counter medications must be unopened and in the original packaging.** |  | | 1. **Provide the parent/guardian with an** [**authorization form for administration of medication.**](https://www.thephysedexpress.com/uploads/3/1/1/1/31119283/gmsd_medication_acceptance_form_updated_5.5.20.pdf) |  | | 1. **Parent or guardian ensures that a form is completed for each medication and the nurse and/or medication designee reviews the form to ensure it is completed.** |  | | 1. **Nurse or medication designee will complete the top portion of a blank** [**medical administration record (MAR)**](https://www.thephysedexpress.com/medication-authorization-forms.html) **for each medication.** |  | | 1. **The parent/guardian and the nurse or medication designee must count any prescription medication (together) and agree upon the count. The parent/guardian and the nurse or medication designee must agree upon the count of over-the-counter medication.** |  | | 1. **Parent or guardian will sign off on the medical administration record (MAR).** |  | | 1. **Nurse or Medication Designee will sign their section of the medical administration record (MAR).** |  | | 1. **Medication signed in by nurse or medication designee will be:**    1. **Placed in the designated secure location**    2. **Paperwork/documentation placed in Nurse Med Binder**    3. **Medication checked into student’s Skyward account.** |  | | | | | | |