

## SUPERVISION OF SCHOOL PERSONNEL REGARDING MEDICATION GUIDELINES

I, \_\_\_\_\_ have been instructed by \_\_\_\_\_, RN, School Nurse, regarding Columbus Municipal School District's medication guidelines (approved 8/3/04 by \_\_\_\_\_) as indicated on the following checklist. I understand that any and all medication that is brought into a school *to me* will be counted *by me* in front of the person bringing the medication. The name of the medication, date, and number of pills will be documented on a medication log-in sheet, which will be signed by me and witnessed by the person bringing the medication to me. The medication log-in sheet is to be kept in the student's medication folder along with the medication authorization. I understand that I will be observed at least annually using the following checklist.

\_\_\_\_\_  
Signature

SCHOOL \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

Activity	Performs activity in accordance to guidelines	Does not comply with written guidelines	Requires further instruction & supervision
Compare labeled medication container with written order			
Check student's identity with name on label			
Check expiration date on label			
Count pills			
Record student name, medication name and number of pills on log-in sheet.			
Sign medication log-in sheet and have person delivering medication witness log-in sheet			
Put medication in locked cabinet.			
Attach log-in sheet to authorization and file in student's medication folder			
Notify School Nurse that medication was delivered			
Watched <i>Assisting Children with Medications at School</i> Video			

Signature of school nurse \_\_\_\_\_

(Initial and date indicates procedure has been demonstrated in a competent manner.)