

DODEA MEDICATION POLICY

Requirements

Medication Label:

- Students name
- Physician Name
- Name and Strength of Medication
- Dose
- Route to deliver
- Start Date
- Stop Date

Daily Medications and As Needed Medications:

- Provide a medication permission form (see attached)
- Provide medication in prescription container
- Provide permission for the health care provider for student to hand carry medication when appropriate (see attached)

Asthma Medication:

- Provide Asthma care plan
- Provide medication permission form from health care provider (see attached)
- Provide inhaler in prescription box
- Provide permission for the health care provider for student to hand carry medication (see attached)

Medication must be stored in the health office unless the student has permission from the health care provider to hand carry medications.

Please refer to the DODEA website below for further information.

<http://www.dodea.edu/communities/medical.htm>