APPENDIX II

POLICY #5070

Diocese of Savannah Administration of Medication Consent Form

Medications must be dropped off at school and picked up by the parent or a designated adult at the end of the school year. Any medications not picked up will be destroyed.

OVER-THE-COUNTER MEDICATION						
Fill out and return to school with a NEW , UN	OPENED contain	er of age- and dose-appropriate medicine.				
Student:	DOB	Grade/ Teacher:				
Medication:	Dosage:	Expiration date:				
Purpose:	pose:Times to be given:					
Dates to be given:						
Allergies:	Special Instructions:					
Parent/Guardian current daytime phone nu	mber:					
medicine. My child is not taking any other medica effects. I will notify the school in writing if I wan	ation at home that nt this medicine st	y health problem that could be made worse by taking this could interact with this medicine and cause unwanted side topped. Otherwise, I understand that it will be kept in the rent school year by a school nurse or designated employee.				
Signature of Parent/Guardian	Daytime Phone	e# Date				
PRESCRIPTION MEDICATION						
To be completed by the <u>prescribing physician</u>	<u>ı.</u>					
I authorize school medical personnel at St. Peter the Apostle Catholic School to administer the following						
prescription medication.						
Student:	DOB	Grade/ Teacher:				
Medication:	Dosage:	Expiration date:				
Purpose:	Times to be given:					
Dates to be given:						
Doctor's name & phone:						

Signature of Parent/Guardian	Date	
May we have permission to contact the Doctor's office to clarify this medication order	er?	
Return this completed form to school with your child's medicine in the mo	ost current	
Special Instructions:		
Allergies:		
Number of pills sent to school:		
Signature of Physician	Date	

ADMINISTRATION OF MEDICATION

Administration of Medication: A school nurse, or in the absence of such nurse, an administrator or designated school employees, may administer medicine(s) to students when authorized in writing by the student's parent or guardian as provided by law.

General procedures for the administration of medication:

- Written authorization must be on file in the school clinic or office before the school nurse or designated school employees may administer any medication to a student. The parent(s) or the person having legal custody or the legal guardian of a minor may sign the authorization form.
- 2. Each school in which any medicine is given shall keep a record of the name of the student to whom the medicine was administered; the date the medicine was administered, the name of the person who administered the medicine and the type or name of the medicine which was administered.
- 3. Medicine to be administered shall be kept in the school clinic or office, properly stored and not readily accessible to persons other than the persons who will administer the medication.
- 4. For incidents of major concern, or questions regarding the administration of <u>any</u> medication, every effort will be made to contact the parent or guardian. The nurse's

professional discretion will be used to determine if the administration is in keeping with the health and well-being of the student and sound medical practice.

Specific procedures for the administration of medication:

- 1. It is the responsibility of the parent/guardian having legal custody of the child to provide any medication to be given at school.
- 2. No controlled substances (such as hydrocodone, Percocet, Tylenol #3) will be given at school without a specific doctor's order stating the med must be given during school hours.
- 3. Prescription medicines must be brought to school in the original prescription container labeled with: the date, name of the prescriber, the name of the student, the name and dosage of the medication, directions for administration and the name and phone number of the pharmacy.
- 4. Sample drugs must be accompanied by a physician's written order, specifying the dosage, the frequency and directions for administration.
- 5. Non-prescription medicines must be brought to school in an unopened, original manufacturer's container with the original label intact, which supplies the following information: ingredients, expiration date, dosage and frequency, route of administration, i.e. oral, nasal, side effects/contraindications and other directions as appropriate. The medicine must be age and dose appropriate.
- 6. A new authorization form must be completed for any change in medication.
- 7. All medication to be given at school must be kept in the school clinic or office, regardless of the student's age. Exceptions are made for asthma inhalers or medication for life-threatening conditions, which may be carried by a student after the school receives a letter from the parent/guardian and the physician stating that it is necessary for the medicine to remain with the student. Authorization must include that the student has been trained and is proficient in self-administration of the prescribed medication. School personnel shall not be responsible for any adverse reaction suffered by the student as a result of self-medication.
- 8. Non-prescription inhalers for asthma will **not** be given at school.
- Non-prescription medication that needs to be given daily or longer than the manufacturer's recommendation for use <u>must</u> be accompanied by a physician's written order.

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- 10. Requests from parents/guardians to increase the dosage of any medication beyond that listed on the label will **not** be honored without written confirmation from the physician.
- 11. Because of the potential for harm to children or teenagers who are suffering from viral illnesses such as influenza, chicken pox or colds no aspirin or aspirin-type products will be given at school.
- 12. In the absence of **either** the written authorization from the parent/guardian, **or** medication in the properly labeled container, no medication will be administered. Every effort will be made to notify the parent/guardian.