



St Joseph School

An educational ministry of St Joseph Parish

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Student Medication Policy

Dear Parents or Guardians:

California State Law (CEC49423) governs the giving of medications to pupils in school. In compliance with this law, our policy regarding student medication is as follows: In order for the school nurse or school personnel to give a student medication (including prescription medication and/or over the counter medication) we must have the following:

- Written statement from your physician/dentist stating the medication to be taken, the amount, and the time to be taken at school.
- Written statement from parent or guardian of the pupil giving permission for school personnel to assist student in taking medication
- Medication must come in the original container (you may ask for a school supply at the pharmacy) with:
 - Student's name
 - Name of medication
 - Amount, dosage, and frequency to be taken
 - Name of prescribing physician/dentist
 - Duration of administration
 - Expiration date

A separate form must be completed for **EACH** medication. The authorization must be completed for **EACH** school year or when medication is changed.

It is the parent's responsibility:

- To assure that school administration is aware if your child has any unusual health conditions (food allergies, bee sting allergies, etc.)
- To make sure that the pharmacist labels two containers, one for home and one for school use, if the child is to receive medication at both sites.
- To provide the school with the prescribed medication in an appropriate container that has been labeled by a pharmacist. **Medication must be delivered to the school by the parents; do not send medication to school with your child.**
- To provide new containers with appropriate labeling when medication changes are made.
- To remove medications from school premises within one week of the date they are discontinued by the physician or on the student's final day of school, whichever comes first. Any medication not removed by the parent within the specified time period will be promptly disposed of. Medication will not be sent home with the student.

For the safety and welfare of your child, bring the completed forms with the medication to your child's school office. It is the student's responsibility to come to the office at the required time for his/ her medication. If your child has a life threatening condition and must carry medication on him/her, please contact the school nurse.

WITHOUT PROPER AUTHORIZATION NO MEDICATION, PRESCRIBED OR OVER THE COUNTER, WILL BE DISPENSED TO STUDENTS AS DESCRIBED ABOVE.

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL

Dear Doctor,

The form below contains type of information necessary when school personnel are requested to give medication to a pupil during school hours. This accommodation is being provided only when the schedule of medication is needed in an emergency, such as allergic reaction. Please keep a copy of this form in your files as a reminder to notify the school, as indicated on the form when you change the medication and/or dosage.

AUTHORIZATION FOR ADMINISTERING MEDICATION

This authorizes school personnel including lay personnel, (those without training), to administer the following medication _____ in the following times _____ to my patient _____ for his/her diagnosis of _____. This medication is to be given (route) _____ and is to be continued as above until _____. If the medication is to be administered only in emergency situations, please specify the easily recognizable symptoms, signs or conditions for which it should be administered.

Possible side effects: _____

I will notify the principal of the school immediately if there is any change in the medication and/or dosage.

Date: _____ Signature & Name of Doctor _____ Phone No. _____ Address _____

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PARENT RELEASE FOR THE ADMINISTRATION OF MEDICINE

We, the undersigned, who are the parents of _____ in Grade _____ at _____ School request that the medicine be administered to said children in accordance with the instructions above from our physician, by the school nurse, or a designated member of the school staff if the former is not readily available, in accordance with the instructions outlined below and signed by our physician.

In agreeing to have the school, administer our son's/daughter's medication, I voluntarily agree to release, discharge, and hold harmless the school and its officers, agents and employees for any or all claims of liability arising out of their negligence, recklessness or any other act of omission which causes our child's illness, injury, death and damages of any nature in any way connected with the administration of our child's medication.

We understand that the major responsibility for a child taking medication rests with the child and his/her parents, and that we are required to personally bring the medication to school. The school has my permission to communicate with my child's physician, and may counsel with school personnel regarding the possible effects of the medication on my child. Additionally, we will notify the school immediately if we change physicians or if the medication is changed in any way.

Parent/Guardian Signatures _____ Date _____ DOB _____
Address _____ Home Phone _____ Wk. Phone _____
Emergency Contact _____ Phone _____ Relationship _____