

Our Mother of Consolation Parish School  
Medication Policy

In general, all medication/treatment is to be given at home, ***not in school***. Parents are advised to confer with the student's physician to arrange medication/treatment time intervals to avoid school hours whenever possible. In the event a medication/treatment *must* be given in school, it will only be allowed if the attached **Medication Dispensing Form** has been totally completed and submitted in advance to the school Administrative Assistant, Principal or School Nurse. If medication must be given during school hours, it will ONLY be done under the following procedures:

- The **child's physician must complete and sign the Medication Dispensing Form** and **the parent or guardian must sign the form**. This is for both over-the-counter and prescription medications. A separate form must be on file in the school office for each and every medication/treatment to be dispensed.
- All medication MUST be delivered directly to the school Administrative Assistant, School Nurse or Principal during school hours by the **student's parent or guardian** along with specific written instructions. *Medication brought to school by a student will not be administered or allowed to be taken.*
- All medication MUST be in the ORIGINAL PHARMACY CONTAINER, properly labeled with the child's name, exact dosage and time of administration.
- Only the amount of medication to be given during school hours is to be delivered.
- Medication will ONLY be administered in the **school office** in the presence of the school Administrative Assistant, School Nurse or Principal. **STUDENTS WILL SELF- ADMINISTER MEDICATION IN THE SCHOOL OFFICE UNLESS INDICATED OTHERWISE BY A PHYSICIAN ON THE MEDICATION DISPENSING FORM .**
- Medication administered in the school office will be recorded in a log by the staff present and kept on file by the school nurse.
- **Emergency medications\*** to be kept on hand for emergency situations such as bee stings, allergies, diabetic shock or asthma attacks are kept safely in the school office. Students are NOT to carry inhalers, Epi-pens or any other medications on their persons unless otherwise indicated by the attending physician on the **Medication Dispensing Form**.
- A new **Medication Dispensing Form** must be submitted to the school office each time a new medication is to be administered. (copy the attached form for multiple use)

\*NOTE: *Both a school **Medication Dispensing Form** AND a **School District MED -1** form must be submitted to the school office for children who require emergency medication/treatment and/or who have a chronic medical condition which necessitates regular in-school treatment..  
**MED – 1 forms can be obtained through the school office.***

August 2015

## Medication Dispensing Form

Student's name \_\_\_\_\_ Grade \_\_\_\_\_

Name of medication \_\_\_\_\_ Prescription \_\_\_\_\_  
Non-Prescription \_\_\_\_\_

Reason for medication \_\_\_\_\_

Effective dates: from \_\_\_\_\_ to \_\_\_\_\_

It is my understanding that the employees of Our Mother of Consolation Parish School charged with the administration of medications may rely upon my directions as contained in this document. I further certify that I am the physician who prescribed the above medication and that the student named above is under my supervision as a patient for diagnosis and treatment.

\_\_\_\_\_ I authorize the student to self-administer the medication I prescribed during school hours and in the presence of school staff.

\_\_\_\_\_ I do not authorize the student to self-administer the medication prescribed and request that a designated school staff do so.

\_\_\_\_\_ I authorize the student to carry the **emergency medication** I prescribed ( circle one: inhalers, Epi-pen) and to self-administer the medication in an **emergency** situation.

\_\_\_\_\_ I do not authorize the student to carry the **emergency medication** I prescribed (circle one: inhaler, Epi-pen) or self-administer.

\_\_\_\_\_ I do authorize the student to carry the **emergency medication** I prescribed (circle one: inhaler, Epi-pen) but request that a designated school staff administer that medication.

Date \_\_\_\_\_

Signature \_\_\_\_\_  
Prescribing Physician

Telephone \_\_\_\_\_

OVER

My signature below requests OMC school to comply with the order of the physician. OMC school and any employee thereof are relieved of any responsibility for the benefits or consequences of the prescribed medication. The school bears no responsibility for ensuring the medication is taken.

Signature \_\_\_\_\_  
Parent or Guardian

Telephone \_\_\_\_\_  
Home or cell  
\_\_\_\_\_  
Work

Date \_\_\_\_\_

.....  
**Asthma Inhaler Use:** *(School use only)*

*Certification of Capability of Self-administration*

Signature of Student \_\_\_\_\_

Signature of School Nurse \_\_\_\_\_

Date \_\_\_\_\_

September 2010

## SCHOOL HEALTH SERVICES

## REQUEST FOR ADMINISTRATION OF MEDICATION, TREATMENTS OR USE OF EQUIPMENT IN SCHOOL

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.
DATE OF BIRTH	SCHOOL/ORG.#	REGIONAL OFFICE	PID	
DIAGNOSIS:				
REASON MEDICATION MUST BE GIVEN IN SCHOOL:				
NAME OF MEDICATION/EQUIPMENT/TREATMENT:			DOSE:	
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:		
DATE BEGIN:		DATE END:		
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:				
CONTRAINDICATIONS:				
SIDE EFFECTS:				
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:				
IS ANY RESTRICTION ON ACTIVITY NECESSARY: YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, DESCRIBE:				
IS STUDENT TAKING ANY OTHER MEDICATION? YES <input type="checkbox"/> NO <input type="checkbox"/>				
IF YES, NAME OF MEDICATIONS:				
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME? YES <input type="checkbox"/> NO <input type="checkbox"/>				
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS			TELEPHONE	
ADDRESS			EMERGENCY NUMBER	
SIGNATURE OF HEALTH CARE PROVIDER			DATE SIGNED	

To The Principal

- I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.
- Medication is to be administered by the Certified School Nurse. In the absence of the Certified School Nurse, it may be administered by the Principal or his/her designees.  
Certified School Nurse will provide instruction for administration of medication or use of equipment to the Principal or his/her designees.
- My child may self-administer medication/equipment as determined appropriate by the school nurse.
- I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply, as needed, regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

DATE SIGNED \_\_\_\_\_ EMERGENCY NUMBER \_\_\_\_\_

## IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE

- I have assessed this student and he/she has demonstrated competency and may self administer this medication/treatment ( ) yes ( ) no
- The administration of this medication/treatment was approved on: \_\_\_\_\_ DATE

SIGNATURE OF SCHOOL NURSE \_\_\_\_\_

TELEPHONE NUMBER OF SCHOOL NURSE \_\_\_\_\_

**TO THE PHYSICIAN:**

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for students who require medication/treatment during the school day in order to function in the classroom, School District Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication.

School District Policy also permits the use of equipment/machinery in those instances where similar equipment is kept by the child's family at home, and such equipment/machinery is necessary in order to enable the student to function in the classroom. Instruction for use and precautions should be spelled out in detail.

**(IF YOUR PATIENT'S MEDICATION OR TREATMENT SCHEDULE CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE - A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT).**

When the medication/treatment prescribed exceeds or differs from that approved by the FDA or recommended by the manufacturer, you and the child's parent will be required to submit written detailed information to the School Nurse. This must include a list of side effects and confirmation that all side-effects have been explained to and are understood by the parent. Any particularly dangerous conditions being experienced by the child should be spelled out in detail, with the procedure to follow should a reaction occur.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

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**DEAR PARENT/GUARDIAN:**

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by seeing the school nurse or principal. When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or the manufacturer, you and your health care provider will be required to submit additional written information to the School Nurse prior to approval. Once the request has been approved by the School Nurse, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- |                               |  |
|-------------------------------|--|
| ● Patient Name                | ● Prescription Date (current)                                    |
| ● Pharmacy Name               | ● Name of medication, dosage form, expiration date (if relevant) |
| ● Pharmacy Address and Phone# | ● Instructions for administration                                |
| ● Prescription Number         | ● Name of prescribing health care provider                       |

For special equipment, services in school will be provided only if you have such equipment in your home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, you will be asked to bring the equipment to school and to demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse or school principal.

Thank you .

Our Mother of Consolation Parish School  
Policies/Procedures for Students with Food Allergies

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1. Parents notify the school in writing of the nature and extent of your child's allergy prior to enrollment or immediately upon becoming aware of the allergy. Additionally, we ask that you note on the medical portion of the emergency card your child's allergy and pertinent information regarding the allergy including physician contact number.
2. Physician sends a letter to the school (or parents forward physician's letter) indicating the accommodations that need to be made for the child. The school will make reasonable accommodations that are medically necessary on an individual basis. When necessary and with parent permission, parents of children in the class will be informed of the accommodations being made.
3. The school nurse informs each teacher of any student in their class that has a food allergy. The teacher will discuss with the school nurse and will review the health information provided, including any accommodations to be considered. The teacher or principal will see that this information is provided to substitute teachers.
4. If necessary, an Epi-Pen or other medication will be maintained in the child's classroom and will be taken on any field trips. An additional Epi-Pen is maintained in the school nurse's station. The nurse, teacher or other school personnel may administer the Epi-Pen or other medication in case of an allergic reaction.
5. In the case of an allergic reaction or symptoms of such, the school will immediately call the parent and, if necessary, will administer the Epi-Pen or other medication. If necessary, the child will be transported to the hospital for further evaluation or treatment.
6. Parents of allergic students are expected to instruct their child about what he or she may or may not eat and to instruct their child not to accept food shared from another student.
7. When the school provides food to students (e.g. Hot Lunch Program, special treat, classroom celebration, etc.) parents are informed in advance. Parents of allergic students shall consider whether their child will eat such food and will instruct their child and teacher accordingly.
8. Parents should contact the teacher to arrange, if necessary, a safe, non-perishable supply of snacks for the allergic child to be kept in the classroom.

(Over, please)

9. Parents will inform the teacher of any cleaning or other classroom duties that their child should not be assigned to do.
10. In classes with food-allergic students, the teacher or school nurse will provide a general lesson to the class about food allergies.
11. The school will provide a training session on health-related issues for teachers, aides and other school personnel prior to the opening of the school year. This training session will be provided by the school nurse or other qualified health care provider. The training session will include information regarding food allergies. Personnel hired after the beginning of the school year will attend an individual training session with the school nurse.
12. Written information from the training session will be provided to substitute teachers.