

IMPORTANT INFORMATION ABOUT MEDICATION IN SCHOOL

As a rule, medication is not to be given in school. In most cases, pupils who are on prolonged medication can have the dosage adjusted by their Physician so that the routine time for taking the medication will come before or after school hours. For example, medications that require 1, 2, or 3 times a day dosing, do not have to be given during school hours.

When it is **absolutely** necessary that a dose of medication (prescription or OTC) be given during school hours, the following policy **must** be followed. These policies have been put into place to ensure the health and safety of children needing medicine during the school day. Before any medicine can be given to a child at school, the following forms must be completed and returned to the School Nurse:

1. A signed medication order from a licensed prescriber.
2. A signed consent by the parent/guardian to give the medicine.

A FORM FOR THESE PURPOSES IS ATTACHED TO THIS NOTICE.

The medication must be delivered to the School Nurse by the parent/guardian in a pharmacy labeled container. Please ask your pharmacist to provide separate, labeled bottles for school and home. No more than a 30 day supply of the medicine should be sent to the school. The medicine will be locked in an area designed by the School Nurse.

The bottle of medicine must be labeled by the pharmacy with:

1. Name of child
2. Name of licensed prescriber
3. Name and strength of medication
4. Dosage and schedule for administration of the medication

The medicine will be administered by the School Nurse. In certain cases, the child may self administer medication if approved the School Nurse according to any established policy.

PLEASE DIRECT ANY QUESTIONS ABOUT THE MEDICATION POLICY TO THE SCHOOL NURSE.

THANK YOU FOR YOUR COOPERATION.

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HOLYOKE NON-PUBLIC SCHOOLS
SCHOOL HEALTH PRORAM

AUTHORIZATION FOR DISPENSING MEDICATION IN SCHOOL

TO BE COMPLETED BY PHYSICIAN OR LICENSES PRESCRIBER: (PLEASE PRINT)

Student's Name: _____ D.O.B.: _____ Grade: _____

School: _____ Diagnosis: _____

Name of Medication & Dosage: _____ Route of Administration: _____

Time(s) to be given: _____

Duration of Treatment: _____

Possible Side Effects/Adverse Reactions: _____

Signature of Physician/Licenses Prescriber
Telephone

Address

TO BE COMPLETED BY PARENT

I hereby authorize the School Nurse to give the above named medication to my child.

Le doy permiso a la Enfermerea del las Escuela, a dar la medecina nombrada ariba.

Student's Name/Nombre del Estudiante

Student's Grade (Grado)

Signature of Parent or Legal Guardian (Firma)

Date (Fecha)

All medication must be furnished by the parent or guardian in an appropriate contained with a pharmacy label.

Todas las medecinas deben estar en un envase apropiado con una etiqueta del la farmacia.