

Dispensing Medication

The procedures for dispensing medication have been expanded, clarified and strengthened. The following requirements and responsibilities have been added:

General:

Parents who desire Christ Chapel Academy staff to dispense medication to their children must bring the medication, along with appropriate documentation, directly to the school office or, in the case of nursery and toddler classes, to the infant nursery. Parents will be required to complete an authorization form allowing the Academy staff to dispense the medication. Under no circumstances should the child be allowed to bring medication to school. No student will be given medication during school hours except upon the written request from a licensed physician who is responsible for the medical management of the student. The parent must sign all requests. Every effort should be made by the parent for the student to receive needed medication outside of the school day. Prescription or over-the-counter medications, pain relievers, cough medicine, inhalants, etc. should be administered to students by parents except in unusual circumstances.

Responsibility of the Parent:

1. Parents will assume full responsibility for supplying all required medications.
2. Parents should encourage the student to be responsible for his/her own medical treatment by going to the designated place, under the proper supervision, at the designated time to receive medications.

Responsibility of the Physician:

1. A request form from the student's physician must accompany each prescribed medication, signed by a parent, and filed with the school.
2. Medication must be in the original container and clearly labeled with the following information:
 - Student's full name.
 - Physician's name.
 - Physician's telephone number.
 - Name of medication.
 - Dosage, schedule, and dose form.
 - Date of expiration of medication.

Responsibility of the School:

1. Only the person(s) designated by the principal will administer medications to students. Under no circumstances will students be allowed to get their own medication from the locked area.
2. ~~The designee will assume responsibility for placing medication in a locked cabinet.~~
3. The designee will administer all medications as ordered by the physician and will document date/time.
4. The parent must pick up discontinued or unused medications. If not claimed by the end of the school year, the school nurse/designee will dispose of the medication.
5. The school will not be responsible for lost or spilled medication.
6. Students are required to have a permission form on file with the school office before any medication will be administered. This includes temporary medication such as cough drops or throat lozenges. Any changes in medications must be submitted to the school office.

CHRIST CHAPEL ACADEMY

REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS

Christ Chapel Academy requires that if medication/treatments are to be taken by a student while he/she is in school, the school MUST have the following information completed and on file in the school office:

1. A signed order from the health care provider renewed yearly
2. A signed consent from the parent or guardian
3. The medication in the original container.

THIS APPLIES TO ANY MEDICATION, PRESCRIPTION OR OVER THE COUNTER.

The medication must be kept in the school office. It is the responsibility of the student to come for it at the proper time.

~~*The exception is student possession and self-administration of certain medications for which separate documentation and supporting materials are required. Asthma and Diabetes would be situations when this would apply and families should request the proper paperwork from the school office.~~

To be completed by the health care provider:

Student Name: _____ Society Security _____ Grade _____

Medication/Treatment: _____

Dosage and Time Schedule: _____

Diagnosis: _____

Length of Time Medication/Treatment Required: _____

Precautions, Special Instructions, Possible Side Effects, Comments: _____

Name of Physician (printed): _____

Signature of Physician: _____

Address: _____

Telephone: _____ Date: _____

To Be Completed By Parent or Guardian:

I request that school personnel give the above medication/treatment ordered by the physician as stated, according to the directions given. I authorize a representative of the school to share information regarding this medication/treatment with the above health care provider if necessary. I understand and agree to comply with the school's policies and procedures as stated on the back of this form.

Date: _____ Signature of Parent/Guardian _____