

UPPER ST. CLAIR SCHOOL DISTRICT MEDICATION PROCEDURES

Assisting a student in taking medication is a responsibility that the school district views with considerable concern. Providing assistance to students in taking medication during school hours in accordance with the direction of a parent and physician will be permitted only when failure to take the medication would jeopardize the health of the student or the student would not be able to attend school if the medicine were not made available during school hours. Permission forms and instructions can be obtained from the health office. Necessary forms must be completed and on file in the health office before the medication can be taken at school. A copy of the forms has been included with this letter.

Medication is to be registered and kept in the health office. This includes prescription medication and over the counter medication. All medication must be in a properly labeled container. Prescription labels must include the name and telephone number of the pharmacy, the student's name, the physician's name, the name of the medication, prescribed dosage, the interval of distribution, the prescription number, and the date of the prescription. Over the counter medication must be in the original package/container along with any instructions packaged with them. Doctors' orders and parental permission must be renewed at the start of each school year and within six months from the date of each prescription. Any medication which must be taken immediately due to a life threatening concern, i.e. inhalers, epipen, etc., may be carried by the student with written permission of the parent and physician.

For all medications, including over-the-counter, parents are required to provide a written request to the school district specifying the medication and when and how it is to be administered. The request must also ask that school personnel take custody of the medication, release it to the student at appropriate time, and provide assistance in taking it. Accompanying the request should be a written order from the physician with the lawful power to prescribe, specifying the doses and time the medication should be taken, and the doctor's assurance that the medication is appropriate for the child under the circumstances. For elementary or middle school students, parents are requested to deliver the medication to the school office. High school students may carry their own medication to school but are to take their medication in the health office. High school students will be provided with lock-up facilities for their medication in the health office. High school students are permitted to carry on their person a single day's dose of medication and may assume responsibility for self administration. To self-administer the student must be able to: Respond to and visually recognize his/her name; identify his/her medication; measure, pour, and administer the prescribed dosage; sign his/her medication sheet to acknowledge having taken the medication; and demonstrate a cooperative attitude in all aspects of self administration. Students who do not follow this procedure will be subject to discipline.

School personnel may remind a student to take medication if requested in writing by the student's parents. The parental request shall be in such form as to relieve the school personnel from all responsibility in the event of the school personnel's failure to remind the student.

see reverse

PARENT PERMISSION TO ASSIST WITH MEDICATION AT SCHOOL

Student _____

Diagnosis _____ Medication _____

Prescription Number _____ Date of Prescription _____

Directions including dose and time to be taken _____

Physician's Signature _____ Date _____

I understand fully the directions that have been given to the school by the physician and agree to permit the school personnel to take custody of the medication and assist my child in taking this medication. In consideration of the school district's agreement to use good faith efforts to properly administer this medication, the district is hereby relieved from liability for any failure to properly administer the same.

Date _____ Parent/Guardian Signature _____