

## **Controlled, Prescription and Non-prescription Medication Policy**

The Quaker School at Horsham permits the administration of medication to a student during school hours only when failure to take such medication would jeopardize the health of the student or the student would not be able to attend school if the medication were not available during school hours. Parent should confer with the child's physician to arrange medication time intervals to avoid school hours whenever possible. Consent form can be found on our Order for Medications form. **No student is to keep any medication in his/her possession unless authorized by the school office (as may be the case with an epi-pen or inhaler).**

**Both parent and physician permissions are required for all medication (prescription and over-the-counter) dispensed by school personnel.**

**Medicine will be administered by the staff at The Quaker School only in the following instances:**

1. The medicine is accompanied by precise written instructions *from the child's doctor* for dosage, frequency and time the medicine should be administered, **and a consent form signed by a parent and doctor.**
2. The medication is provided in the original container, properly labeled, with the student's name on it. *No medication will be accepted in an envelope or baggy.*
3. The child has a long term chronic condition or illness in which a specific medicine is necessary for the child to remain in school, for example an illness such as an allergy or a condition such as ADHD or asthma.
4. The child is well enough to be in school, but has an acute temporary condition where a prescribed regime of a medication is necessary but has not yet been completed, and the time for giving the medication cannot be changed to before or after school hours. This includes such medications as antibiotics (only when they need to be taken 4 times a day).
5. In the case of an epi-pen or inhaler, the child has a physician's order to administer as needed. The physician must sign this form verifying that the student has been instructed on usage of the inhaler or epi-pen and is capable of taking medication on his/her own. The doctor must also complete and sign the Asthma/Allergy Action plan.

**All parents should handle medications administered at The Quaker School in the following way:**

If your child will be taking medications at school on a regular basis, please:

- A. Use the accompanying Orders for Medication form for your initial request for medication. If you are requesting medication to be administered from day one of the school year, this completed form should be returned to us in August along with the other forms in the Summer Mailing.
- B. Bring in medications for your child. If this request begins at the start of the school year, please bring in the medications when your family comes to school for assessment days and/or the family picnic. Pills must be brought in the appropriate size for dosages as staff will not break pills at school.

**Parents will bring the medications personally to the school office. PLEASE NOTE: Children will not be permitted to transport medication to school.**

- C. If a decision is made to change the time or dosage of a prescription, a new Orders for Medication form should be filled out by the physician and parent and sent in to the office.

No student is authorized to possess any medication (over the counter or prescription). Only parents and school staff will handle medication, which will be kept, clearly marked as above, in a safe and locked place.

The Quaker School cannot and will not be responsible for the administration of medications of any kind while a student is in transit to or from the school.

**\*\*\* Thank you for your precise care in these matters. \*\*\***

# The Quaker School at Horsham Medication Form

RETURN THIS WHETHER OR NOT YOUR CHILD IS TAKING MEDS IN SCHOOL.

If your child **will not** be taking medication in school,  
please check this box, write your child's name and sign below.

## ORDER FOR MEDICATIONS: TO BE COMPLETED BY PHYSICIAN AND PARENT/GUARDIAN

If it is absolutely necessary for the student named below to take medication during school hours  
8:15 a.m. - 3:15 p.m., please complete the information requested, sign and return this form.

Student's name: \_\_\_\_\_

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

Medication(s)	Dosage	Time of administration	Dates to be given

Yes No Above student is authorized to carry an INHALER or EPI-PEN and may self-administer. (See Care Plan)  
(circle one) (circle one or both)

Yes No School personnel are authorized to administer Benadryl to student for a known condition like asthma or  
a food, bee-sting or bug-bite allergy. **If yes, parents must provide the Benadryl for this child.**

For what allergy might the student need Benadryl? \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Special instructions if my child is exposed to an allergen while in school (List allergies on Med. Info Form):  
\_\_\_\_\_  
\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's printed name: \_\_\_\_\_ Telephone # \_\_\_\_\_

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### MEDICATION PERMISSION TO BE SIGNED BY PARENT/GUARDIAN:

I, the undersigned, give permission to the staff of The Quaker School at Horsham to administer and/or to supervise  
my child in taking the above medication. I agree to indemnify and hold harmless The Quaker School at Horsham and  
its agents and servants against all claims as a result of any and all acts performed under this authority. I further agree  
to follow the Medication Policy as outlined by the Quaker School.

\_\_\_\_\_  
Signature of parent/guardian (Print name) Date