DR. CHRISTINA K. LUTZ-DOEMLING
SUPERINTENDENT OF SCHOOLS

MR. ERIC DAUBERMAN
ASSISTANT TO THE SUPERINTENDENT

MRS. LINDSEY WALLACE
BUSINESS MANAGER

MS. MELISSA INSELMANN
DIRECTOR OF CURRICULUM & ASSESSMENT

ADMINISTRATION OFFICE
201 North 14th Street
Catasauqua, PA 18032
Phone: (610) 264-5571
Fax: (610) 264-5618
www.cattysd.org

Dedicated to Educational Excellence

FAX – Sheckler Elementary School (610) 403-1120
FAX – Catasauqua Middle School (610) 264-5458
FAX – Catasauqua High School (610) 697-0116

SCHOOL HEALTH SERVICE
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

Student _____ must receive the following prescribed medication during school hours in order to maintain sufficient health to participate in the school program, therefore we are submitting the following information:

Medication _____

Prescribed Dosage_____

Times to be Administered_____

Name of Physician (printed)_____

Reason for Medication_____

Physician's Signature_____

Physician's Phone #_____ Date_____

FOR FIELD TRIPS:

Medication may be omitted: _____ Yes _____No _____MD Initial
Medication may be delayed: _____ Yes _____No _____MD Initial

I give permission for my child to carry and self-administer above listed inhaler, Epi-pen, or insulin pump, pursuant to approval by the primary care provider. Signature_____

I do hereby release, discharge, and hold harmless the Catasauqua Area School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child, pursuant to these directions.

I agree to deliver the medication to the school in a labeled prescription bottle. The label shall contain the name of the medication, the prescribed dosage, the physician's name and the pharmacy. I further agree to deliver a new supply of the medication to the school as needed. I authorize the Catasauqua Area School District to exchange health-related information with the above-named physician. I understand that a new medication authorization form must be completed by the parent and physician if the dosage is changed at any time.

Signature of Parent or Guardian_____ Date_____

The mission of the Catasauqua Area School District, in partnership with our community, is to achieve educational excellence and promote life-long learning.

It is the policy of the Catasauqua Area School District that no person shall be subjected to unlawful discrimination on the ground of race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification with respect to any of its programs or activities or in the employment of any personnel. Sexual harassment or harassment relating to an individual's race, color, age, creed, religion, sex/gender, sexual orientation, ancestry, national origin, handicap/disability, familial status, genetic information, or any other legally protected classification is a form of unlawful discrimination and is expressly prohibited under the School District's policy. The School Board has adopted procedures for filing complaints of unlawful discrimination/harassment with the School District and the School District's investigation and disposition of those complaints. If you would like to obtain a copy of the complete nondiscrimination policy, including the complaint procedures, please contact the Assistant to the Superintendent, 201 N. 14th Street, Catasauqua, PA 18032, phone 610-264-5571. The Assistant to the Superintendent is the District's Compliance Officer for all nondiscrimination requirements (503/504-Title VI-TitleVII-Title IX-ADA Coordinator). The nondiscrimination policy and complaint procedures are also available on the District's web site: www.cattysd.org

CHRISTINA LUTZ-DOEMLING, Ed.D.
SUPERINTENDENT

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Dear Parents/Guardians:

The Catasauqua Area School District board policy on medications is a very important policy, which applies to all students in our district. This policy requires that for all medications, **prescription and over-the-counter, including herbal and nutritional, parents/guardians must**:

1. Personally deliver the medication, in its original container, to the school nurse.
2. Give the nurse a written note requesting the school to administer the medication. This note must include:
    a. name of medication/drug
    b. dosage and time for administration
    c. physician's signature
    d. signed "hold harmless" agreement.

3. Parents may authorize the administration of Tylenol for minor discomfort by utilizing our district's Student Information System (SIS) and completing the Health Information Form available within the student's account. If you require assistance in setting up an account, please reach out to your child's school building office.

School personnel may not administer any medication if this procedure is not followed, however, parents or guardians may come to school at any time to administer medication to their own child.

Special Note for Inhalers, Epi-pens, and Insulin pump:
All medication must be kept under lock and key by the school nurse. Students may carry inhalers, Epi-pens, or insulin pumps if they provide a signed letter from their physician which authorizes them to do so and attests to their capability and responsibility to self-administer the medications correctly. Students are required to report the use to the school nurse after each administration. The enclosed form will satisfy this requirement.

If a child is too ill to remain in school, parents/guardians are responsible for transportation home or to child care. The Health Room is not a treatment facility. Emergency care is limited to first aid treatment only. The function of the school nurse will continue to be prevention and education. Please consult with her if you have any questions.

I understand that these requirements may cause you some inconvenience, but they are important to maintaining our "drug-free" school policy. I appreciate your cooperation and understanding.

Christina K. Lutz-Doemling

Dr. Christina K. Lutz-Doemling
Superintendent of Schools

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