



MEDICATION POLICY

Medication administered at school should be limited to those medications which cannot be taken before or after school hours. Some examples:

- Medication for behavior modification (Ritalin, Metadate, Adderall, Vyvanse, etc.)
- Medication for severe allergic reactions
- Anticonvulsive medications
- Medication for asthma
- Diabetic medications
- Medication needed for any other chronic condition diagnosed by a physician (migraines, cystic fibrosis, etc.)

If these medications need to be administered during the school day, please adhere to the following:

- The medication prescribed to your son should be brought to school by a parent/guardian.
- No more than a month's supply of medication should be brought to school. The student may take the empty prescription container home.
- Students should not have any medication on their person at any time.
- Some medical conditions require immediate access to medication and may be administered by the student. A written treatment plan from the student's physician, providing the name, purpose and prescribed dosage of the medication, will be accepted by Laura Laney, Counseling Center Secretary.

Unlabeled medication will not be dispensed. Students are responsible for going to the Counseling Center to take their medication.

These rules are necessary to ensure a safe environment for our students. Thank you for your cooperation.

Please direct any questions to Laura Laney at llaney@catholichigh.org or 383-0397.



Laura Laney, Counseling Center Secretary
(225)383-0397 Fax: (225) 383-0381

2025-2026

**Medication Administration
Parent/Physician Authorization**

I request that my son, _____ in grade _____, be given medication during school hours as ordered below by his physician.

I accept the rules of the school concerning the administration of medicine, including:

- 1) The medication must be prescribed by a physician who advises the school that it is necessary for the student to be given the medication at school. The physician's name/phone number is required below or on a separate note attached to this form.
- 2) The medication will be provided to the school by the child's parent/guardian in the original prescription container. The label should have the student's name, medication name, date, dosage and the specific time it is to be given.

Parent/Guardian signature

Date

PHYSICIAN'S ORDER

It is necessary for the medication(s) listed below to be given during school hours.

MEDICATION: _____

DOSAGE: _____

TIME TO BE GIVEN: _____

DURATION OF ADMINISTRATION: _____

Physician's name/Telephone #