



# Our Lady of the Lake Roman Catholic School

## Three-Time National Blue Ribbon School of Excellence

316 Lafitte Street + Mandeville, Louisiana 70448  
(985) 626-5678 + [www.ourladyofthelakeschool.org](http://www.ourladyofthelakeschool.org)

### Medication Policy

In order to permit school attendance for students who must use medication in the treatment of chronic disabilities or illness, Our Lady of the Lake Roman Catholic School has established the below-described Medication Policy. As a general principle, medications are not to be given at schools. Acutely ill students should be sent home, and students convalescing from an acute illness should remain at home until the need for medication no longer exists. Additionally, students are not allowed to have any medications in their possession while on school grounds.

The parent/guardian is responsible for notifying the school of any abnormalities in the health of a child. When such a condition requires administration of medication during the school day, the Our Lady of the Lake Roman Catholic School Medication Policy and all related regulations must be followed. Adherence to these regulations must include at least the following:

1. STATEMENT OF THE PHYSICIAN (Written statement from the physician detailing the name of drug, dosage, and time interval medication is to be taken, etc.)
2. PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION WHILE AT SCHOOL AND RELEASE FROM LIABILITY (Written request and release of the parent or guardian asking school to comply with the physician's order.)  
\*A recent photo of the student must be attached to the form.
3. Medication must be brought to school by the parent in a container appropriately labeled by the pharmacy or physician.  
\*All medication must be kept in the office and dispensed from the office.

***For the well-being of the child, effective communication among the school, parents, and physician is very important. Parents are urged to maintain close contact with the school during the child's illness.***



Consistently Excellent + Faithfully Catholic + Confidently Innovative

PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION WHILE  
AT SCHOOL AND RELEASE FROM LIABILITY

I/We the undersigned parent/guardian(s) of the minor child, \_\_\_\_\_,  
a student at Our Lady of the Lake Roman Catholic School, hereby request Our Lady of  
the Lake Roman Catholic School to allow said child to attend school in spite of his/her  
special health condition and to be given medication prescribed by Dr. \_\_\_\_\_  
(STATEMENT OF THE PHYSICIAN must be completed by doctor and attached to this  
form.)

Medication should be administered from: \_\_\_\_\_(start date) to  
\_\_\_\_\_ (end date).

I understand this medicine is to be furnished by me and labeled by the physician or  
pharmacist with said child's name, doctor, pharmacy, name of drug, dosage, and the  
specific time it is to be given at school. I/We assume all responsibility for any mistake  
resultant from furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his or her  
special health condition, we hereby agree to hold harmless, defend, and indemnify the  
Archdiocese of New Orleans, Our Lady of the Lake Roman Catholic Parish and School,  
its employees and agents, chaperones, or representatives, from any and all claims for  
damages that might arise from said child having to take medication during school  
hours.

I/We have read, understand and agree to the school's regulations concerning  
administration of medication while at school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

OUR LADY OF THE LAKE ROMAN CATHOLIC SCHOOL  
STATEMENT OF THE PHYSICIAN

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Name of Student

Date

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Diagnosis

Name of Medication

Dosage

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Time of Administration

Method of Administration

Date to Discontinue

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Predictable Side Effects

Contraindications

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

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_