NAZARETH ACADEMY
SCHOOL MEDICATION PROCEDURES

Parents/guardians have the primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student. It is the policy of this school that school personnel, including teachers, administrators and staff, shall not administer medication to students except as provided in the School Medication Procedures established for the administration of medication. Compliance with the School Medication Procedures established for the administration of medication is the responsibility of the parent/guardian.

Procedures

1. No school personnel shall administer any prescription or non-prescription medicine unless the School Principal or his/her designee has received a complete Medication Authorization Form for such student. No student shall be allowed to possess or consume any prescription or nonprescription medication unless the School Principal or his/her designee has received a complete Medication Authorization Form for such student. Medication Authorization Forms are available at the school office and the nurse's office.

2. **Medication Authorization Form** is complete if it contains the following information:
    a. A written prescription issued by a physician, dentist or other licensed prescriber. The prescription must set forth the child's name, licensed prescriber's signature and telephone number, medication name and dosage, and date of order;
    b. Written administration instructions provided by the licensed prescriber setting forth the route, time or intervals of administration, and the duration of the prescription.
    c. Written indication, by the licensed prescriber, of the diagnosis requiring medication, intended effects and possible side effects of the medication.
    d. Written permission and authorization for the administration of medication signed by the student's parent/guardian.

3. **Appropriate Containers** It is the responsibility of the parent/guardian to provide the school with all medications in appropriate containers. Only medication for which a complete Medication Authorization Form has been received by the School Principal or his/her designee shall be allowed in the school. All such mediation shall be provided in containers which are:
    a. Prescription-labeled by a pharmacy or licensed prescriber (displaying Rx number, student name, medication, dosage, direction for administration, date and refill schedule, pharmacy label, and name/initials of pharmacist); or
    b. Manufacturer-labeled for non-prescription over-the-counter medication.

4. **Administration** Administration of medication means dispensing, distributing, or adherence to the route by which the medication is to be administered indicated on the completed Medication Authorization Form.

5. **Medication will not be administered** to any student by any school personnel unless the complete Medication Authorization Form contains the written request and authorization of a parent/guardian to have the School Principal or his/her designee, or school nurse, administer such medication to the student, and the School Principal or school nurse has agreed in writing to administer the medication as set forth in the complete Medication Authorization Form. Such written agreement by the School Principal or school nurse shall be indicated on the completed Medication Authorization Form. The School Principal, or school nurse, <u>retains the right to deny such requests to administer medication to the students provided that such denial is indicated on the completed Medication Authorization Form.</u>

Parents/guardians must make other arrangements for the administration of medication to students, such as arranging for medication to be administered before or after school or having the parent/guardian come to the school to administer medication, if:

a. A completed Medication Authorization Form has not been received and approved by the School Principal or school nurse for the medication sought to be administered; or

b. A request and authorization for the administration of medication is denied by the School Principal or school nurse; or

c. The medication identified in the completed Medication Authorization Form is not given to the School Principal or school nurse in an appropriate container as described herein.

6. **Self-Administration** A student may self-administer medication at school if so ordered by his or her licensed prescriber. Except as provided in Section 7, below, such medication must be stored in a locked cabinet under the control of the School Principal or his/her designee or the nurse and a completed Medication Authorization Form must be received by the School Principal. The completed Medication Authorization Form must contain a written statement signed by the licensed prescriber and the parent/guardian verifying the necessity and the student's ability to self-administer the medication appropriately. Except as provided in Section 7, below, self-administration of medication shall be under the supervision of the School Principal or his/her designee or the school nurse.

7. **Storage of Medication** Medication received by the school in accordance with a completed Medication Authorization Form and in an appropriate container shall be stored in a locked cabinet. Access to the locked cabinet shall be limited to the School Principal and his/her designees, and the school nurse. Medication requiring refrigeration shall be stored in a refrigerator that cannot be accessed by students and shall be kept separate from food items.

At the end of the school year, or the end of the treatment regime, the student's parent/guardian will be responsible for removing any unused medication from the school. If the parent/guardian does not pick up the medication by the end of the school year, the School Principal or his/her designees will appropriately discard the medication within 30 days.

8. **Carrying and Unsupervised Self-Administration of Medication** Students who suffer from asthma or allergies that require the immediate use of medication shall be permitted to carry such medication and to self-administer such medication without supervision by school personnel only if the following conditions are met:

a. A completed Medication Authorization Form has been received by the School Principal or his/her designee or by the school nurse.

b. The completed Physician Medication Authorization self administer portion has been completed by the student's physician and parent/guardian and received by the School Principal or his/her designee or by the school nurse.

9. **Emergency Medical Care** In the event a student shall become ill or injured or otherwise need immediate medical attention that is not contained in the Medical Authorization Form on file with the School Principal or his/her designee or with the school nurse the Principal or his/her designee shall attempt to contact the student's parent/guardian. If the student's parent/guardian cannot be contacted, the School Principal or his/her designee shall attempt to contact the person identified by the parent/guardian as the student's emergency contact.

Notwithstanding the foregoing, the School Principal or his/her designee or school nurse or other certified school personnel may call state or local emergency medical services before or after attempting to call the student's parent/guardian or emergency contact if, in the exercise of the school-related supervision of the student, the student's illness, injury or need of immediate medical attention is perceived to be in need of emergency medical care.

Physician Medication Authorization Form

Nazareth Academy

Student _____ Grade _____

Medication _____ Dosage _____ Route _____

Possible side effects _____ Time(s) to be administered _____

Reason for taking medication _____ Duration _____

Other medications student is taking _____

For Students with Asthma and Allergy Conditions to Self Administer:

* **May student self-administer medication under supervision of school personnel who do not have medical training? (Please circle) YES NO**

* **I certify that this student has been instructed in the use and self-administration of this medication and is capable of self-administering the medication independently and without supervision. (Please circle) YES NO**

* **I also request that this student be allowed to carry the above-described medication on their person during school hours and during school-related activities in order to facilitate the self-administration of the medication as needed. (Please circle) YES NO**

	Office Stamp/Address
Physician's/Prescriber's Signature _____	
Physician's/Prescriber's Name (PRINT) _____	
Phone # _____ Date _____	

Medication Authorization **approved / denied** _____ _____

Signature (School Nurse) Date

Parent/Guardian Medication Authorization Form
Nazareth Academy

Student	Grade	Date

Medications may be administered in school in accordance with the School Medication Procedures. No medication may be administered in school unless both the student's physician and parent/guardian portions have been completed and signed. Return this entire form to the school with the medication in the original labeled container as dispensed (prescription) or the manufacturer's labeled container (non-prescription medication). The medication label shall contain the student's name, name of medication, directions for use and date.

I hereby acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of an emergency, I hereby authorize the School Principal or his/her designee, on my behalf, to administer or attempt to administer to my child (or allow my child to self-administer in accordance with the school medication procedures), lawfully prescribed medication and non-prescription medication in the manner described in the physician's order. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual who does not have medical training, and I specifically consent to such practices.

I understand that this authorization is not effective unless the School Principal or his/her designee has approved the medication.

I further acknowledge and agree that, when such medication is to be administered or attempted to be administered, I hold harmless and indemnify and waive any claims I might have against the School, The Congregation of St. Joseph and their employees or agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempted administration of said medication.

Parent/Guardian (Signature)	Parent/Guardian (Signature)
Parent/Guardian (Print)	Parent/Guardian (Print)
Address	Address
City, State, Zip	City, State, Zip
Phone	Phone