## **Procedure for Administering Medication at School**

It is our foremost recommendation that any medication be administered by a parent at home, or that a parent comes to school to administer medication to his/her child. In extraordinary circumstances, medication may need to be administered at school. In that case, our procedure is as follows:

- No medication shall be administered without an order from a licensed physician, dentist, or other authorized prescriber. The "Request for Administering Medication at School and Release from Liability" form shall accompany the order.
- 2. Our administration will administer ONLY what a parent has brought directly to the office clearly marked with the child's name and specific instructions. These instructions are to be distinctly set forth on the school's "Request for Administering Medication at School and Release from Liability" form, which is to be completed, signed, and dated by the parent or guardian of the child, and by the child's physician. This form can be obtained from the school office. No over-the-counter medication will be administered by the office without a physician's specific authorization set forth on the form.

At NO time shall any child be allowed to have in his/her possession ANY medication whatsoever. This includes throat lozenges, cough drops, eye drops, etc.

- 3. If a child has any medical condition that arises while at school, such as headache, cramping, earache, itchy skin, etc., the parent will be called and the parent may either pick up the child or come to school to administer the medication.
- 4. Unless otherwise indicated on the medication form, all medication will be destroyed if it is not picked up within two weeks of the date of the form.

## Lake Castle Madisonville Private School, Inc. "Excellence in Education"

## Request for Administering Medication at School and Release from Liability

This form MUST be c	completed by par	ent and, where ind	icated, physician befor	e ANY medication is	administered.		
			DA	ATE:			
Name of Student:							
	LAST	FIRST	MIDDLE	NICKNA	ME		
Student Date of Birth	:			Sex:	M F (CIRCLE ONE)		
Teacher:				Grade:			
Name of Parent/Guar	dian:						
Telephone Numbers: (INCLUDE AREA CODES							
Work		C	ell				
Student Allergies: (lis	st medication,	food, etc. to wh	iich student is aller	gic)			
I, PARENT'S NA	AME (PRINT)		, hereb	by give permission	on for the		
school administration child (describe in deta	/teacher, or o						
Prescribed by:							
		PHY	SICIAN'S NAME				
I give permission to the information (such as a the administrator deterministrator determinitial dose at home a asking school personal dose at a school personal dose at home a school per	adverse side ermines neces nd have allow	effects) relativ ssary for my cl wed sufficient	e to the prescribe hild's health and s time for observat	d medication ad safety. I have ad	ministration as lministered the		

SIGNATURE OF PARENT OR GUARDIAN

DATE: \_\_\_\_\_

## TO BE COMPLETED BY A LICENSED PHYSICIAN OR DENTIST

STUDENT:	UDENT: Date of Birth:						
NAME OF LICENSED PRESCRIBER: _							
OFFICE PHONE: ()	EMERGENCY: (	)					
DIAGNOSIS							
	DICATION Desired Effects:						
DOSAGE							
Specific Directions or Information for Adn	ninistration:						
Date of Order:	Discontinuation	Date:					
Contraindications to this Medication or Spe	ecific Effects to this Stude	ent:					
Please list other medications taken by this	student outside of school:						
If student will self-administer his/her own a emergency medication, has this student bee demonstrated competence in self-administr administer his/her medication at school?	en adequately instructed b	y you or your s degree that he	staff and				
PHYSICIAN'S SIGNATURE		DATE					
PARENTAL CONSENT FOR STUDEN OWN MEDICATION, SUCH AS A EMERGE	ASTHMA INHALER, IN						
Do you give permission for your child to se	elf-administer medication	? YES	NO				
Do you feel that your child is sufficiently radminister his/her own medication?	esponsible and informed t		NO				
Do you assume responsibility for your child self-management of medication at school?	d's actions in his/her	YES	NO				
Do you understand that regular medication for students who self-administer medicatio	-	YES	NO				
PARENT'S SIGNATURE		DATE	02/13				