



Our Lady of the Angels

MEDICATION

Administration in School Settings

The Diocese of Harrisburg recognizes that parents/guardians have the primary responsibility for the health of their children. Therefore, parents/guardians are requested to **administer medication before or after school hours whenever possible.**

Only medication in the **original container** and provided by parents/guardians may be administered to students. No other medication will be administered.

If it is essential that a student receive prescription medication during school hours, the following procedure is to be followed:

1. **All prescription medication must be in the original, properly labeled container.** The container should be “child-proof” and labeled by a pharmacist or a physician. The original container is to be accompanied by the **attached form** signed by the physician containing the information listed below:
 - a. Student’s name
 - b. Signature of physician prescribing the medication
 - c. Name of medication with physician’s directions including:
amount to be given, time to be given, date(s) to be given, and reason
 - d. Curtailment of specific school activities (if any)
 - e. Other medications which the student is taking
 - f. Signature of parent/guardian
2. For a student on long-term medication, a face-to-face or phone conference with parents/guardians concerning the student’s plan of care is required. The plan of care must be written and included as a part of the student’s school health record.
3. Students with diabetes, hemophilia, asthma, or other chronic illnesses, are often taught self-administration as an integral part of appropriate self-care and self-management. In such circumstances, medication may be self-administered (by the student himself/herself) with appropriate physician/parental request and approval. In such cases, self-administration may vary, (in terms of needed assistance), depending on age, the degree of chronicity, the nature and severity of the illness, parental consent, and physician recommendation.

4. Since most schools do not have the full-time services of a nurse, the Principal shall designate in writing, the person(s) authorized to administer medication or to monitor self-administration of medication in the absence of a school nurse. The Principal is responsible for ensuring that the designated person(s) are thoroughly familiar with the principles of medication administration and the side and desired effects of specific medications which are to be administered.
5. A Medication log shall be maintained in the school office or Health Room. The physician and parental medication request form shall become part of the student's health record.
6. All medication permission forms are to be retained for the duration of the prescription.

Over-the-counter medication is to be administered only with the written authorization of the parent/guardian and the approval of the Principal/Designee. If it is essential that a student receive over-the-counter medication during school hours, the following procedure is to be followed:

1. All over-the-counter medication must be in the *original* container accompanied by a form containing the information listed below: (forms are available on the website)
 - a) Student's name
 - b) Name of medication with parent/guardian's directions including: amount to be given, time to be given and date(s) to be given.

Students are **not** permitted to carry prescription or over-the-counter medication to school, from school, and during school. It is the responsibility of the parent/guardian to give medication, along with the proper documentation to the office. Students are not permitted to retain medication in the property assigned for their usage (e.g. desks, lockers).

The school does **NOT** maintain a supply of medication, such as Aspirin, cough syrup, Benadryl, etc.

Specific procedures to implement this policy may be established by the local school.

Policy adapted from the Diocese of Harrisburg policy adopted June 14, 1996

**Please return the Medication Policy sign off indicating you
have read the Medication Policy for the Diocese of
Harrisburg and
Our Lady of the Angels School.**

**Diocese of Harrisburg
and
Our Lady of the Angels School
Medication Policy**

We/I have read and understand the Diocese of Harrisburg and Our Lady of the Angels School Policy regarding Medication in school. We/I consent to the conditions stated in this document.

Family Name(Please Print_____

Signature of Parent/Guardian_____

Date_____

Signature of Parent/Guardian_____

Date_____

Please return to school by
Tuesday, September 7th

8/10

