

Saint Joseph Hessen Cassel School

STUDENT MEDICATION INFORMATION AND CONSENT FORM

Only one student's name per form

Name of student _____ Age: _____ Grade _____ Teacher: _____

Medication <i>**Loose medication in a plastic bag will not be accepted. All medication must be in the original bottle/packaging**</i>	Dosage	When to be given	Expiration date on medication	Reason for medication
1.				
2.				
3.				

Please check: Send medication home on _____ Send medication home the last week of school Other _____

To be completed by the physician:

(Only if the above directions differ from the over the counter (OTC) packaging -OR- if the prescription label is missing)

It is necessary for the above medication to be taken during school hours at the above time(s):

Physician's name _____ Telephone _____

Physician's signature _____ Date _____

MEDICATION POLICIES

In order to protect the health and welfare of the students and school staff alike, Indiana laws require that parents/guardians consent, in writing, to the administration of medication. In order for the school nurse or a staff member to administer medications to your student, this medication form must be completed and signed. Please read carefully the below school policies regarding medication administration during school hours.

1. **Prescription Medication:** Must be in the original prescription bottle/package with the student's name, medication name, and dosing. Prescription medication will not be administered in any manner inconsistent with the instructions on the label, unless the school receives a written order from a physician/practitioner authorizing such administration. The school staff cannot take a physician order over the phone.
2. **Over the Counter Medications (OTC):** ANY OTC medications, including cough drops, must be kept in the original bottle/packaging with the brand label affixed. The label must include the recommended dosage for the medication based on the students age/weight. OTC medication will not be administered in any manner inconsistent with the instructions on the label, unless the school receives a written order from a physician/practitioner authorizing such administration.
3. All medication, besides those listed on line 4, may be sent to school with students, but must be checked in at the office upon arrival to the school. All medication will be kept in a locked cabinet in the nurse's office.
4. **ADD, ADHD, and other controlled medication** must be delivered to the school office by a parent or guardian. A pill count will be performed with both the school nurse or secretary and parent. Please do not send these medications to school with your child. For special circumstances, please contact the school nurse.
5. No school employee, other than the school nurse, will give injections, unless appropriate training has been given.
6. **Self-Carry Emergency Medication-** Student with a chronic disease or medical condition may possess and self-administer medication for the disease or condition if the students' parents have annually filed an authorization signed by the prescribing physician.
7. The parent/guardian shall accept the legal responsibility for the safe arrival of his/her child's medication to and from school. All medication must be picked up by the end of the school year. The school will dispose of any medication left after the close of this school year.
8. Please see the school nurse for additional forms that must be completed for students with asthma or emergency medications.

I, _____, have read and understand the medication policies as stated above:

In signing below, I assume the responsibility for the safe transport of this medication to school. OTC medications will only be sent on field trips if directed by parents. I release school personnel from liability should administering this medication result in an adverse reaction. I will notify the school, in writing, of any change in the medication, (ex: dosage change, medication is discontinued, etc.). I give permission for the medication to be given by the designated personnel (the school nurse may not always be present in the school).

Parent/Guardian Signature

Date

Phone #