

Medications – Please refer to Parent/Student Handbook, restated as follows:

School personnel will not administer prescription medications without the Medication Consent Form and the Physician Order for Medication Consent Form. The Medication Consent Form must be filled out by the parent, addressed, and returned to the office. The Physician Order for Medication Administration Form must be filled out by the prescribing physician and returned to the office. Medication must be delivered to the school in a properly labeled container from the pharmacy with a note from the parent.

Recent changes in Georgia’s laws governing medications in school permit a child to carry an asthma inhaler, prescribed by a licensed physician, on their person. According to the citation, “Self-administration of asthma medication means a student’s discretionary use of asthma medication prescribed for him or her.”

Prescription medication containers must show the child’s name, the name of the drug and dosage, how often to be administered, and the physician’s name. Medication is never allowed to remain with a child. Medication sent to school in containers other than the original prescription containers will not be administered to the students and will be immediately returned to the parent(s)/guardian(s).

All medicines, prescription and non-prescription, including Tylenol and cough drops, must be brought to the office.

All non-prescription medications must be in a clearly marked container with the full name of the child, name of the drug and dosage, time to be administered, physician’s name, and physician’s signature and consent.

All medications, prescription and non-prescription, must also be accompanied by an emergency contact (with current telephone number) and Medication Consent Form (referenced above), signed by parent(s)/legal guardian(s). The school nurse will observe the child taking this medication, only with written request. **With the exception of students in K-2nd grade, it is the responsibility of the student to know when the medicine is to be taken. The school is not allowed to supply any medications -- not even aspirin.**

Medication Policy – Dispensing Guidelines

The school clinic personnel follow these guidelines for dispensing medications:

- All medications, prescription and non-prescription, must be kept in the school clinic.
- **Only OLV’s school nurse, or her designee, as approved by the principal, will be permitted to dispense medication to any student.**
- **Should it be necessary that medication(s) be administered to student when the school nurse, or her authorized designee, is not available, such medication(s) may only be administered by student’s custodial parent/guardian.**
- Parents should send a written note to the homeroom teacher informing him/her of the type of medication, the dosage(s), and time(s) the student should be sent to the clinic to receive it. With the exception of students in K-2nd grade, the responsibility to report to the clinic to receive parent-authorized medication rests with the student.
- During the final week of school, any remaining medication should be picked up and signed out **by the parent(s)/legal guardian(s) only.** The clinic will not release any remaining medication to another parent or to any student. Medications not picked up by parents will be discarded in a safe manner.

Nebulizer treatments will not be administered by school personnel. Parents/guardians must first report to the school office and then be directed to the school clinic to administer this treatment.

In order to carry an Epi-pen and to self-administer medication in case of an emergency, the following procedures apply:

1. The doctor must complete the form to administer medication in school and indicate that he/she wants the student to carry the Epi-pen. Parents must grant the same permission.

2. The school nurse must meet with the student and be satisfied that the student is capable of self-medicating. If the nurse believes the student is too young or does not show sufficient understanding of how and when to self-medicate, the student will not be allowed to carry the Epi-pen.
3. If a student self-administers, he/she must immediately report to the clinic so that the nurse can record the self-administration in the log and activate emergency medical services – **911 must be called.**
4. The parents are notified that the child has self-medicated and emergency services have been contacted.
5. Should a student abuse any of the above, or for just and good cause the principal believes that the student presents a possible threat to another student or school employee, the student will lose the privilege of carrying the Epi-pen.



OUR LADY OF VICTORY CATHOLIC SCHOOL

A Marianna Bawa Bishop School of Excellence

Medication Permit Form

All medication should be given outside of school hours if possible. Three-times-a-day medications should be given before school, after school, and at bedtime, for optimal coverage. If necessary, medication can be given at school only under the following conditions:

1. If medication is needed in order for the student to remain in school, this form must be completed by the parent/guardian, signed by the physician, and returned with the medication to the school office or nurse.
2. All necessary medication (prescription AND over-the-counter) must have this Medication Permit Form signed by the physician and parent. All prescription medication must be in the prescription bottle and labeled with a current pharmacy prescription label. "Over the counter" medication must be in the original labeled container. **Medications sent in baggies or unlabeled containers will not be given.**
3. The **parent** is responsible to bring all medication to the clinic/office and to pick up unused medicine or it will be destroyed.
4. Experimental medication/dosages will not be given. Herbal medication, dietary supplements and other nutritional aids not approved as medication by the FDA, will not be administered at school.
5. Antibiotics will not be given at school by school personnel. If the parent feels the antibiotic must be given during the school day, the parent may come to the school office/clinic and administer it.
6. All medications must be kept in a locked cabinet/drawer in the school office/clinic and administered in the school office/clinic.
7. Only the parent or adult designee performs nebulizer treatments in school.

TO THE NURSE OR HEALTH REPRESENTATIVE OF OUR LADY OF VICTORY CATHOLIC SCHOOL:

NAME OF STUDENT: _____ GRADE: _____

NAME OF MEDICATION: _____ (Use one form per each medication)

DOSAGE AND DIRECTIONS FOR GIVING: _____

BEGINNING DATE: _____ ENDING DATE: _____

I hereby request that the medication specified above be given to the above named student. I understand that only Our Lady of Victory's school nurse or other designated medically trained professional is authorized to administer medicine.

I realize that the school does not have to agree to allow medication to be given to a student by school personnel. I understand that the school's agreeing to allow the medication to be given is for my benefit and the student's benefit. Such agreement by the school is adequate consideration of my agreements contained herein. In consideration for the school agreeing to allow the medication to be given to the student as requested herein, I agree to indemnify and hold harmless the Archdiocese of Atlanta, its servants, agents, and employees, including, but not limited to, the school, the principal, and the individuals giving the medication, of and from any and all claims, demands, or causes of action arising out of or in any way connected with the giving of the medication or failing to give the medication to the student. Further, for said consideration, I, on behalf of myself and the other parent of the student, hereby release and waive any and all claims, demands, or causes of action against the Archdiocese of Atlanta, its agents, servants, or employees, including, but not limited to the parish (if applicable), the school, the principal, and the individual giving or failing to give the medication.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

SIGNATURE OF PHYSICIAN: _____ DATE: _____

(Stamped signature not accepted)

PHYSICIAN'S TELEPHONE NUMBER: _____

Pursuant to
Archdiocese of Atlanta
Form #5300