

PARENT'S REQUEST TO HAVE MEDICATION ADMINISTERED AT SCHOOL

Student: _____ Date: _____

Grade: _____ Homeroom Teacher: _____

I, the undersigned parent/guardian of the above-named student am sending _____
(medication) to CCA in its original container and I request that it be administered:

- A. ___ As prescribed by Dr. _____, Tel. _____
- B. ___ On an as needed basis **(Grade 4 and above only)**
- C. ___ Emergency medication the student is to have possession of at all times. **(CCA requires a Doctor=s Order FOR EMERGENCY MEDICATION that a student must keep in his/her possession at all times (e.g., EpiPen, Inhalers, etc.).**

How much sent? Pill count or liquid ounces: _____

Dosage to be given _____

Day and time to be administered: _____

Reasons for administering: _____

I have read all of the medication policies on the reverse side. ___ Yes ___ No

The school has my permission to contact the doctor for verification of this information or for clarification of any matter relative to the above. I understand that because of the association between the development of Reye=s Syndrome and the use of aspirin and products containing aspirin, these medications will only be given at school when there is a direct written order by a physician.

Provided the medication is administered as instructed, I agree that neither those administering this medication nor the school will be held to have either criminal or civil liability should there be an adverse reaction to this medication.

-----*To Be Completed By Physician*-----

Medication:

Orders:

Signature of Parent or Guardian _____

Home Phone _____

Cell Phone _____

Work Phone _____

-----**Count or Ounces Verified by Teacher**-----

Quantity Received (Count or ounces): _____ Match or discrepancy? : _____

Notify the principal immediately in the event there is a discrepancy.

CCA MEDICATION POLICIES

1. **Nonprescription medication:** Medication will be given at school only when in original container, only when age appropriate (adult medication will not be given to children), only in dosages and frequency within manufacturer=s guidelines, and only when parents give specific instructions as to time of day and dosages within these restrictions.
2. **Administrated as needed:** Medication will be given on an as needed basis only in grades 4 – 12 and only by student’s homeroom teacher who will record it. The risk of litigation is too great for the school to make medical judgments that we are not qualified to make. The school also takes the position that students below the 4th grade lack the maturity to be given this discretion.
3. **Prescription medication:** **Medication will be administered at school only when required to be given four times a day or more, or when prescribed to be given at a specific time during the school day (as at noon), or with a written order from a physician.**
4. **Provided medication:** The school will not furnish any medication. Medication to be taken at school must be sent by parents or guardians with form on reverse side completed.
5. **Original container:** **All medication must be in original container, prescription and non-prescription.**
6. **Drug count:** Teacher will count and record the number of pills in each bottle sent or ounces if medication is a liquid. Teacher will verify that the count or ounces matches that of the parent.
7. **Written request:** The parent or guardian must sign and complete the school’s form requesting the school to administer a medication including non-prescription medication, before the medication will be administered at school. This form will be submitted to homeroom teacher who will make a copy of it for his/her records. The original will be sent to the office and placed in student’s file.
8. **Contraband:** If a student brings an IDENTIFIABLE or UNIDENTIFIABLE medication to school without a signed written consent form from a parent, the school will take the medication from the student. The parent will be notified to pick up the medicine from the office.
9. **Multiple forms:** A medication permission form must be filled out each year for each medication. Permission forms may not be carried from one year to the next.
10. **Teacher records:** A record will be maintained on each student taking medication at school, including the name of the medication, the dosage, the time taken and who administered the medicine.
11. **Office records:** Medication logs remain with the teacher until year’s end at which time they are kept in office until August 1 at which time they will be shredded.
12. **School option:** The school has the option to refuse to give medications at school based on their professional judgment.
13. **Aspirin:** Research has shown an association between the development of Reye=s Syndrome and the use of aspirin and combination products containing aspirin. For this reason, the school will not give these products unless there is a direct order by a physician.
14. **Security:** Medication will be kept only in secure, locked box in the classroom or refrigerator, except for emergency medication kept on student with doctor=s order. Room will also be locked when not occupied. Medication taken on a field trip will be taken in locked box.
15. **Field trips:** On school sponsored field trips, medication will be administered by student=s homeroom teacher or other authorized personnel in same manner as at school. Teacher must remember to take along the log for recording purposes.
16. **Left Over Medication:** Any medication in a teacher’s possession on the last day of school will be returned to the parent or guardian with the student.