

St. Joseph Catholic Church
Religious Education Program
47 N. 23rd Street
Battle Creek, MI 49015
(269) 965-7749

September 2018

Dear Parents/Guardians:

The Diocese of Kalamazoo's Policy and Guidelines for Administering Medications to Pupils in Diocesan Schools and Parishes is summarized below. Please be aware of these items if you wish for our office staff to administer any kind of medicine to your child(ren) during school/retreat hours. **Please keep these guidelines and the attached form on file for use during the school year.**

*****The attached form should only be completed, following the directions below, IF medication needs to be, or may need to be, administered to your child during the school day. The form must be completed by the physician prescribing the medication (upper portion), a parent or guardian (lower portion) and then brought into the school office along with the medication.*****

- Medication is defined as any prescription, over-the-counter medication, cough drop, ointment, lotion, drops, alcohol, peroxide, inhaler, Tylenol, Motrin, or any other pain reliever, etc.
- We will only dispense medication to those children with chronic health conditions.
- Attached to this letter is an Authorization for Administration of Medication by School/Parish Personnel (hereby referred to as an Authorization form). If medication needs to be administered to your child during the school day the attached form needs to be completed. **This form must be completed by the doctor prescribing the medicine and signed by both the doctor and the parent.** A form must be completed for each type of medication (see the definition of medication above) that you would like the school to administer to your child. **Without this form, correctly signed by the doctor AND the parent, NO MEDICATION CAN BE GIVEN TO ANY CHILD.**
- A phone authorization for dispensing of medication is not permitted.
- **We cannot administer: antibiotics, ointments, lotions, eye drops, or eardrops.**
- A parent/guardian must bring any and all medication into school along with the signed authorization form. **Any medication brought to school by a student will not be given to the student.**
- Medications must be in the original prescription bottle from the pharmacy, correctly labeled with the dosage, type of medication, pharmacy name and address, prescribing doctor's name, and the

student's name. **Due to regulations regarding refrigerated medication we cannot dispense any medication that needs to be refrigerated.**

- We are only allowed to have in our possession a 30 school-day supply of the medication.
- If you would like to leave a bottle of non-aspirin pain reliever, or any over-the-counter medication, for your child to take as needed, we will still need an Authorization form completed by the doctor and correctly signed stating that the medication can be given on an as needed basis. We again, must have an original bottle of the medication, clearly labeled with the child's name and dosage to be given. This label cannot cover any part of the bottle that states the name of the medication contained in the bottle. Again, we can have on hand only up to a 30 school-day supply of the medication.
- If you have more than one child who may need to take the same medication, EACH CHILD must have an Authorization form on file and his/her own bottle correctly labeled.
- We must be notified at once of any changes to the medication your child is taking. (Whether it is discontinued or if the dosage, time of administering, etc, change.)
- You will be notified by the office when there is only medication left for one week. It is expected that you will bring in the refill in a timely manner.
- If you tell us to stop giving your child a certain medication, we will note this in the file. Getting another Authorization form from the doctor, with the proper signatures, is the only way that medication can be started again.
- Medications will only be administered during retreat times or RE times on Sunday (8:45am-9:30am) the school day. Please make your doctor aware of this time frame, so that the doctor can best prescribe for your child.
- We cannot split, crush or otherwise alter the form of any medication we give to your child. If a pill needs to be split you must do that prior to bringing the medication into the school office.
- With regards to inhalers, students who can responsibly self-administer will be allowed to keep the inhaler with them, but only if we have on file an Authorization form from the doctor that states this.

We know this is a lot of information, but the Diocesan policy is written in a way to best serve, and protect, the students of St. Joseph Elementary School. If you have any questions regarding these policies please feel free to contact one of us at the school office number, 965-7749.

Sincerely,

St. Joseph Catholic Church

Administrative Staff

Authorization for Administration of Medication by School Personnel

PHYSICIAN / PROVIDER ORDER

Date: _____

Name of Student: _____ Grade: _____

Address: _____ Birth date: _____

Condition for which the drug is needed to be administered during school hours: _____

Drug (dose, quantity, frequency, route): _____

Time(s) of administration: _____ OR at lunch

Medication shall be administered from: Start date _____ through End date _____

Side effects to look for: _____

If there are side effects, plan for management: _____

For inhalers or insulin: is the child sufficiently responsible to permit unsupervised self-administration of medication? Yes No

May the child omit this medication during a field trip? Yes No

Medical Provider: _____
Name (print)

Signature of Medical Provider

Address

Phone

Authorization by Parent/Guardian for the administration of the above medication by school/parish personnel:

To School/Parish Personnel,

I request that the above medication, ordered by his/her medical provider for my child,

_____ be administered by school personnel. I give permission for exchange of verbal and written communication between the physician and the school regarding my child's medication regime. I request that my child be assisted in taking the medicine described above at school by authorized persons or permitted to medicate herself/himself as also authorized by me and my physician. I understand that I must supply the school with prescribed medication in the original container dispensed and properly labeled by a physician or pharmacist and will provide no more than 30 school day supply. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or a week beyond the close of school.

I understand that school officials may not be held liable for reactions if medication is administered per these directions and at request of appropriate guardian.

Parent/Guardian Name (print): _____ Parent/Guardian Signature: _____

Relationship to child: _____ Phone: _____ Date: _____