



## Our Lady of the Elms School

### MEDICATION POLICY

To protect your child's safety, the school nurse and/or health aide and/or other designated school personnel will adhere to the following medication policy.

It is required that **BOTH** parent's **AND** physician's signatures are on file before any prescription **OR** non-prescription medication, i.e. Tylenol, Advil etc., is administered. All medication, prescription and non-prescription, must be provided by the parent/guardian.

**If we do not have your written permission and the written permission of your physician, the medication will not be given.**

Permission forms can be obtained by contacting the Main Office.  
(See back of this form)

In order for your child to receive any medication at school, please conform with the following:

- A written request must be obtained from the doctor and the parent/guardian. This request must include the **name of the medication, dosage, time it is given during school hours, and duration.** Forms are available at the school.
- The prescription medication must be in its original container. All medications must have a fixed label which indicates the student's name, name of medication, dosage, method of administration and time of administration and time interval of dosages.
- When the empty prescription bottle is returned to you, please send the refill to school promptly.
- The medication and the signed permission form must be brought to the school by the parent or guardian.
- Whenever possible, please include a photo of your child with the permission form.
- New Request forms must be re-submitted each school year, and are **necessary for any changes in medication orders.**
- If your child is taken off medication or will no longer receive it at school, please put your request in a dated, written note as soon as possible, accompanied by a physician's signed order to discontinue the medication. If the medication is not picked up from the Health Aide or school office within thirty (30) days, it will be properly disposed of.
- A signed Physician and Parent Request for the Administration of Medication by School Personnel is required in order to dispense medication.

If you have any question or concerns, please contact  
Lori Lunder



# Our Lady of the Elms School

## REQUEST FOR ADMINISTRATION OF PRESCRIPTION MEDICATION BY AUTHORIZED SCHOOL PERSONNEL

RULE 3301-37-04 of the Ohio Administrative Code specifies the requirements for administrating medication to students in public or chartered nonpublic schools. The form must be completed as outlined below

### DIRECTIONS FOR COMPLETION:

1. Complete form. A separate form must be completed for EACH medication.
2. Form must have a Parent and Doctor's signature
3. Medication must be delivered by the Parent to the school in its original container, clearly labeled with student's name.

Student \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of medication \_\_\_\_\_

Dosage \_\_\_\_\_

Time(s) of Day of to be Administered \_\_\_\_\_

Date to begin Medication \_\_\_\_\_ Date to end Medication \_\_\_\_\_

Adverse/Severe Reaction that should be reported to Physician \_\_\_\_\_

Special Instructions for Administration of Medication \_\_\_\_\_

This medication can be safely administered by non-medical personnel \_\_\_\_\_ Yes \_\_\_\_\_ No

This student is under my care. It is not possible to arrange for this medication to be taken at home under the supervision of a parent and therefore it must be taken during school hours.

\_\_\_\_\_  
**Physician's Printed Name**

\_\_\_\_\_  
**Telephone**

\_\_\_\_\_  
**Physician's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

Please regard my signature as my assurance that I release Our Lady of the Elms Schools, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our student's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**