



August, 2018

Dear Parents,

Effective with the start of the 2003-2004 school year, Lake Michigan Catholic Elementary School put into effect a new policy regarding administering medications in school. This policy is in accordance with the Diocese of Kalamazoo's Policy and Guidelines for Administering Medications to Pupils in Diocesan Schools.

The administration of student medications, either prescription or non-prescription during school hours, is strongly discouraged. Lake Michigan Catholic Elementary staff will no longer dispense any over the counter medication (examples - Tylenol, Ibuprofen, cough syrup, cough drops, Tums, eye drops, creams or ointments such as Benadryl, Neosporin, etc.). If your child comes to the office complaining of a headache, sore throat, itching due to a rash, etc., you will be contacted by a staff member and asked how you want to handle the situation. It may be necessary for you to come to school to administer an over the counter product but no LMCE staff member will be able to do so.

LMCE will dispense medications deemed medically necessary by a physician for chronic conditions (examples – students who take medications such as Ritalin, students who use inhalers for asthma or breathing conditions, etc.). In any case where a chronic condition exists and students will need to receive their medication at school, an Authorization for Administration of Medication by School Personnel form (attached) will need to be completed by the physician and the parents. The parent will bring this form along with the properly labeled medication (must be in the original container with complete label from the pharmacy) to the school office. Students may not bring their medication to school. It must be brought to school by the parent. A completed form is required for each medication. A new form is required for any medication change, dose change, time change and for each school year. It is the responsibility of the student to report to the office for his/her medication.

Inhalers (in the original box) and EpiPens (for those who have severe allergies to bee stings, food allergies, etc. and could be in a life-threatening situation because of the allergy – also in original container) must have a complete pharmacy label attached and will be kept in the school office. It is your responsibility as a parent to notify your child's teacher if he/she has any types of allergies that may require the use of an EpiPen. In the case of inhalers, your physician should note on the above mentioned form if the medication can be self-administered by the student.

As stated above, dispensing any medication at school is strongly discouraged. Parents are urged to talk with their physician about time release medications when any prescriptions are necessary. If time release can be prescribed, it will negate any need for medications to be given at school.

It is the intent of this policy to make our school safe for medication administration. We thank you in advance for your cooperation in carrying out this policy.

Thank you.

Sincerely,
Larry Hoskins, Principal



Authorization for Administration of Medication by School Personnel

PHYSICIAN/PROVIDER ORDER Date: _____

Name of Student: _____ Grade: _____

Address: _____ D.O.B. _____

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: _____ 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 personnel:

To School 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 below 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 a 30 day school 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.

Name (print): _____

Signature: _____ Relationship to child: _____

Phone: _____ Date: _____