

Laurel Highlands School District

MEDICATION POLICY AND PROCEDURES

This communication is to establish guidelines for children who must take prescription medication while in school.

Prescription medication can be given on a daily basis at school by complying with the following policies and procedures:

1. Furnish a written authorization from the child's physician and parent or guardian. (Medical authorization forms are available at school.)
2. Send only those prescription medications which must be given during school hours. (Medications given three times per day should be given before and after school.)
3. IMPORTANT: Medication should be sent in the original prescription container.
4. Parents/Guardian must bring medication to the office. Do not send medication with your child on the school bus. Medication will be prohibited in desks, locker, or to be carried by students during the school day.
5. The child is to go to the nurse's office and request his/her medication at the scheduled time.
6. Over-the-counter medications WILL NOT be given at school without a doctor's authorization.

YOUR COOPERATION IS NECESSARY FOR THE SAFETY OF ALL CHILDREN AND CLARIFICATION OF POLICY FOR SCHOOL PERSONNEL. FAILURE TO COMPLY WITH ALL GUIDELINES WILL PREVENT SCHOOL PERSONNEL FROM HANDLING YOUR CHILD'S MEDICATION.

LAUREL HIGHLANDS SCHOOL BOARD ADOPTED POLICY

"NO PATENTED DRUG, PRESCRIPTION, MEDICINE OR OTHER CONTROLLED SUBSTANCE SHALL BE PERMITTED TO BE BROUGHT UPON THE SCHOOL PROPERTY OR INTO ANY SCHOOL BUILDING UNLESS PERMISSION IS FIRST GRANTED BY A SCHOOL NURSE AND FOLLOWING CONSULTATION WITH THE PRESCRIBING PHYSICIAN. CONDITIONS IMPOSED BY THE SCHOOL PHYSICIAN AND AUTHORIZED SCHOOL PERSONNEL SHALL BE STRICTLY FOLLOWED."

LAUREL HIGHLANDS SCHOOL DISTRICT
AUTHORIZATION FOR MEDICATION DURING SCHOOL HOURS

Full Name of Pupil

_____ must receive the following prescribed medication during

school hours in order to maintain sufficient health to participate in the school program:

Name of medication _____

Prescribed dosage _____

Time schedule _____

Length of time _____ Days _____ Months _____ Indefinitely _____

Diagnosis _____

Reason for administration _____

Possible side effects _____

I do hereby release, discharge the hold harmless the LAUREL HIGHLANDS SCHOOL DISTRICT, its agents and employees, from any and all liability and claim what whatsoever for me administration of the above medication to my child should there develop a reaction from the medication.

(Signature of Physician)

(Date)

(Signature of Parent/Guardian)

(Date)