

Name

St. Edward High School

13500 Detroit Avenue, Lakewood, Ohio 44107-4697
Phone: 216-221-3776 Fax: 216-221-4609 www.sehs.net

Letter To Parents Medication Policy

To: Parents
From: School Health Clinic
Date: 2021-2022 School Year
Subject: **Medication Policy**

To protect your son's safety, the school nurse and/or health aide will adhere to the following medication policy. It is required that **BOTH** the parent **AND** physician signatures are on file before any prescription **OR** non-prescription medication is administered. This includes all medication including such over-the-counter products as Tylenol, Advil, and Maalox.

Although this may cause some inconvenience, we feel that this policy is best for the continued protection of your son, and must be followed. **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 your school nurse.

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

- A written request must be obtained from the physician 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 medication must be in its original container and if an over-the-counter medication, the bottle must be new with an unbroken seal. All medications must have a fixed label, which indicates the student's name, name of medication, dosage, method of administration and time interval of dosages.
- When the empty prescription bottle is returned to you, please bring the refill to school promptly.
- The medication and the signed permission form must be brought to the school by the parent/guardian
- New Request forms must be re-submitted each school year, and are **necessary for any changes in medication orders.**
- If your son 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 by parents from the school clinic or school office within 30 days, it will be properly disposed of.
- A signed **PHYSICIAN AND PARENT REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL** form is required in order to dispense medication. Only **ONE** medication per request form.

State Law allows students to carry on their person, **ASTHMA INHALERS or EPI-PENS** when prescribed by a physician. If your son needs to carry an inhaler or has severe allergy, appropriate forms **MUST** be filled out, signed by a physician and parent/guardian and be on file in the clinic. Please call the clinic for the appropriate forms at 216-221-3776, extension 227.

Please contact the building principal or school nurse if you have any questions. Thank you for your cooperation.

Heather Kupetz, RN, BSN