



Medication Policy and Procedures

Washington State Law permits school staff to administer medication only in limited situations. Whenever possible, parents and physicians are encouraged to schedule medication to be taken outside of school hours. O'Dea High School staff will not administer medication or prescribe treatment for any student. A staff person may supervise a student who is required by his physician to take medication during school hours. Medication is defined as all prescription drugs. No over the counter medication will be dispensed at O'Dea High School.

The following procedures must be followed before medication may be taken at school:

1. Parent/legal guardian authorization form must be on file listing students' name, name of medication, dosage, time and dates to be administered. Form must have a parent signature and be dated.
2. Physician/dentist authorization for each medication must be on file, stating a valid reason for taking medication during school hours or other times when a student is under the supervision of school officials. The physician's authorization also must indicate the name of the medication, dosage, time and dates to be given as well as the possible side effects. It must be signed by the physician/dentist and dated. The document is valid for on calendar year.
3. All medication must be in the original container and labeled with the student's name.
4. A non-licensed school employee may supervise the student who is taking the medication.
5. In situations where the parent, physician and the Dean of Students believe it is the best interest of the student to carry the medication, the student will carry a copy of the written permission from the parent and physician, indicating the name and dosage of the medication, plus the dates and times to be given. Only one day's dosage – with the exception of medication inhalers – in originally labeled containers, may be carried by the student. The original permission form will be on file in the main office.
6. If requirements 1, 2 and 3 are not met and parents want the child to have the medication, the parent must come to school and administer it.
7. It will be the student's responsibility to come to the office at the appropriate time for medication.
8. For school sponsored, off-campus activities a copy of the permission form and the medication in the original container must accompany the student if he is to take the medication while on the outing or at camp.
9. Injectable medication will not be administered to students by the school personnel except under unusual emergency circumstances.

If your son requires medication to be taken during the school, please complete the Authorization for Administration of Oral Medication Form.



Archdiocese of Seattle, Office for Catholic Schools

AUTHORIZATION FOR ADMINISTRATION OF ORAL MEDICATION AT SCHOOL

Student Name: _____ Birth Date: _____

School: _____ Grade: _____

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN/DENTIST

<i>Name of Medication</i>	<i>Dosage</i>	<i>Methods of Administration</i>	<i>Time of day to be taken</i>
_____	_____	_____	_____

If given prn specify the length of time between doses _____

Inhalers: _____
Indicate if student must carry on his/her person

Possible side effects of medication _____

Emergency procedure in case of serious side effects _____

I request and authorize that the above-named student be administered the above- identified oral medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year) as there exists a valid health reason, which makes administration of the medication advisable during school hours.

_____	_____
<i>Date of Signature</i>	<i>Physician/Dentist Signature</i>

Phone: _____ Name: _____
Print or Type

Please Note: If samples of medication are to be given, they must be labeled with the name of the student, dosage, and time to be given.

THIS PORTION TO BE COMPLETED BY THE PARENT/GUARDIAN

I request/authorize the school to administer medication to the above identified student in accordance with the doctor's instructions for the period from _____ to _____ (not to exceed current school year). I understand that every effort will be made by school staff to administer the medication in a timely manner.

Permission to carry inhaler

_____	_____
<i>Date of Signature</i>	<i>Parent/guardian Signature</i>

Phone: _____ e-mail: _____
Home Work