



DIOCESE OF MONTEREY
PARISH & SCHOOL OPERATING CORPORATION

**POLICY ON ADMINISTRATION OF MEDICATION
(Transitional Kindergarten through High School)**

It is the policy of the Diocese of Monterey Parish & School Operating Corporation to provide a mechanism by which school-aged children may receive medication during the time that the school is responsible for the child. This would include the school day as well as school-sponsored field trips and after school activities such as sporting events. However, whenever possible, parents and physicians should make every effort to schedule medicine doses outside of the school day.

I. General Policies

A. For Transitional Kindergarten through Grade Eight

In general, all medication must be stored in the school office and administered only under a physician's orders with a signed authorization from the parent or guardian. Students are not permitted to have medication in their possession at school. For prescription medication, there is only a very limited exception in the case of medical necessity where the child's physician orders that the student carry the medication on his or her person (e.g. asthma or allergies). For over-the-counter medication, a physician's order will not be required. However, the medication must be stored in the school office and the parent must sign an authorization for the child to receive the medication.

Parents must understand that none of the Catholic Schools has a nurse on duty and that the medication will be administered by non-medically trained school personnel. The Diocese of Monterey encourages parents to come to the school to administer medications if necessary during the school day.

For prescription medication, the physician must specify the medication, dosage, method of administration and schedule for any medication to be administered to a student. Whenever the medication, dosage or dosing schedule changes, the school will require a new order from the physician and an authorization signed by the parent or guardian. In any event, the physician's order and parent's authorization must be renewed annually. The schools will not accept the directions on the medication container label as a substitute for the physician's order.

1. General Procedure

- i. Medication must be brought to the school by the parent or guardian.
- ii. Medication must be brought to the school in its original container. If it is prescription medication, it must be in the container labeled by a licensed pharmacist. If it is over-the counter medication, it must be in its original packaging.
- iii. All medication must be kept in the office and the student must go to the office for the administration of prescription or over-the-counter medication. The only exception to this rule is if the physician orders that because of medical necessity, the student must have the medication on his or her person.
- iv. A new form must be signed whenever the medication, dosage, dosing schedule or method of administration changes. The school will not accept the container label as a substitute.
- v. The parent must pick up any unused medication at the end of the school year or when the physician's order expires.

2. Procedure for Medications Requiring an Injection

- i. In general, school staff will not administer medications that require an injection such as insulin. Students must self-administer this medication or parents must come to the school to administer the insulin to the student.
- ii. If the student is trained in testing his or her blood or injecting him or herself with insulin, the student may do so in accordance with the physician's orders. However, unless it is a medical emergency, the student must come to the school office to self-administer the medication.
- iii. If the student has a medical condition that requires that he or she carry epinephrine in the form of an EpiPen, such as for food allergies, school personnel may use the student's EpiPen in the case of a medical emergency.

B. For High School Students

In general, parents and students in this age group are more responsible for the administration of medication than in the lower grades. However, there are a few considerations as follows:

1. Prescription medication:
 - a. The child's physician must specify the medication, dosage, method of administration and schedule for any medication to be administered to a student or self-administered by the student. Whenever the medication, dosage or dosing schedule changes, the school will require a new order from the physician and an authorization signed by the parent or guardian.
 - b. The parent must sign an authorization allowing the student to self-administer the medication.
 - c. The school will not accept the directions on the medication container label as a substitute for the physician's order.
 - d. The parent may authorize the student to carry one day's dosage of the medication on his or her person.
 - e. Injected medication: See the procedure herein for Transitional Kindergarten through Grade Eight students.
2. For over-the-counter medication: See the procedure herein for Transitional Kindergarten through Grade Eight students.
3. Each student's parent must sign an authorization allowing his or her child to self-administer medication and to carry it on his or her person.
4. If the parent does not provide the authorization mentioned in (2) above, the school must follow the procedures for Transitional Kindergarten through Grade Eight students herein discussed.

Medical Emergencies

In the event of a medical emergency call 9-1-1 as soon as possible. If possible, use a regular telephone rather than a cellular telephone.

Preschool through PreKindergarten Students

Refer to the policy *Diocese of Monterey Parish & School Operating Corporation, Policy on Administration of Medication (Preschool through PreKindergarten)*.



Diocese of Monterey

Physician Order and Parental Authorization to Administer Medication
(Transitional Kindergarten through High School)

In order for a student to receive medication at school or during school-related activities, the following criteria must be met:

1. A new form must be completed **each** school year for **each** medication. A new form must also be completed whenever there is a change in the medication: name, form (tablet, capsule, liquid), dose (amount), or time given. If there are no changes, each form is good from August 1 of one year until July 31 of the following year.
2. A form is required for **any** medication: prescription, over-the-counter medicine or herbal supplement.
3. **For prescription medications both parent/guardian and physician must complete and sign this form.**
4. All medication must be in the original container or original package, and prescription medication must have the current prescription label.
5. The original form **must** be on file at the school. Medication and completed forms must be brought to the school by the parent.

Parent Authorization

School Year: _____

Student: _____ Date of Birth: _____ Grade: _____
(Please Print)

Parent/Guardian: _____ Phone: _____
(Please Print)

Address: _____ CiStZip: _____

School: _____

If Parent/Guardian is Unavailable, Emergency Contact:

Name: _____ Relationship: _____ Phone: _____

My child will need to take _____ at school. It is to be given at _____
(Print Medication Name) (Time/s)

With the following special instructions: _____

I, the undersigned, who is the parent/guardian of the above-named student, requests that medication be administered to said child by a designated member of the school staff, in accordance with instructions outlined on the reverse side and authorized by our physician. I understand that there is no nurse on duty and non-medical staff will administer the medication. I understand that I have the right to come to the School and administer the medication myself.

I give my permission for the principal or designee, to communicate with my child's physician regarding the physicians' written statement for medication administration.

I understand the major responsibility for a child taking medication rests with the child and me as his/her parent/guardian, and that I am required personally to bring the medication to the School.

I also agree that the School and the Diocese of Monterey Parish & School Operating Corporation and its employees shall not be held liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the School or the Diocese of Monterey Parish & School Operating Corporation related to the administration of medication or by the student's self-administration of medication.

Parent/Guardian Signature: _____ **Date:** _____

Student: _____ Date of Birth: _____

Physician Order for Prescription Medication (Print):

1. Name of Medication: _____
2. Reason for Medication: _____
3. Dosage: _____
4. Time/s: _____
5. Method: Oral Inhalation Injection Topical Other/Explain: _____
6. Possible Side Effects: _____
7. Special Storage Requirements: _____
8. Special Instructions/Precautions: _____
9. Will student need to personally carry this medication? Yes No
10. Will the student be "self" administering this medication? Yes No

The listed medication/s is necessary for: A potentially life-threatening condition
 Appropriate pupil interaction in school setting
 To treat a current illness
 Student comfort

Physician's Name (Print) _____

Physician's Signature: _____ Date: _____

Address: _____ Phone: _____

CiStZip: _____ Fax: _____

**PARENT REQUEST FOR MEDICATION SELF-ADMINISTERED BY STUDENT
AND REQUIRING SPECIAL STORAGE**

Student's Name: _____ Birth Date: _____ Grade: _____ School: _____

I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of _____ (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.

My child will need to self-administer his/her medication at School because he/she suffers from the following condition:

My child will need to take his/her medication _____ (number of times per day) with the following special instructions:

I request that my student's medication be stored in the following manner: _____

Parent/Guardian Signature: _____ Date: _____

Address: _____ CiStZip: _____

Home Phone: _____ Work Phone: _____