



DIOCESE OF MONTEREY
PARISH & SCHOOL OPERATING CORPORATION

**POLICY ON ADMINISTRATION OF MEDICATION
(Preschool through PreKindergarten)**

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. However, whenever possible, parents and physicians should make every effort to schedule medicine doses outside of the school day.

I. General Policies

A. For Preschool through PreKindergarten

In general, all medication must be stored in the office for the Preschool/PreKindergarten (the “preschool office”) and administered only under a physician’s orders with a signed authorization from the parent or guardian. For over-the-counter medication, a physician’s order will not be required. However, the medication must be stored in the preschool 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 preschool 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 preschool 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 preschool by the parent or guardian.
- ii. Medication must be brought to the preschool 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 preschool office and the student must go to the preschool office for the administration of prescription or over-the-counter medication.
- iv. A new form must be signed whenever the medication, dosage, dosing schedule or method of administration changes. The preschool will not accept the container label as a substitute.
- v. The parent must pick up any unused medication at the end of the preschool year or when the physician’s order expires.

2. Procedure for Medications Requiring an Injection

Parents must come to the school to administer medications that require an injection. If the parents are unable to come to the school, they must designate in writing an adult who has their permission to come to the school to administer such medication. School staff will not administer medication that requires injection.



Diocese of Monterey

Physician Order and Parental Authorization to Administer Medication
(Preschool through PreKindergarten)

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.

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

(Physician Information on Reverse Side Must Be Completed)

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 __ Topical __ Other/Explain: _____
6. Possible Side Effects: _____
7. Special Storage Requirements: _____
8. Special Instructions/Precautions: _____

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:** _____