



ST. PATRICK CATHOLIC SCHOOL

615 Washington St., • Cedar Falls, IA 50613 • (319) 277-6781

Administering Medication

It is the responsibility of the parent/legal guardian to ensure that the school receives properly authorized medication. The following rules and regulations for administering medication at school are guided by Archdiocesan Policy and Iowa Administrative Code.

1. Written parent/legal guardian permission is required for all prescription and for all over the counter medication.
2. Natural remedies and/or supplements will only be given if the parent/legal guardian provides documentation to support the appropriateness: safety; possible side effects; toxic effects of the substance; the appropriate dosage for specific age, weight, and body surface area; and treatment of overdose. The parent/legal guardian must also provide written approval from the student's physician for the student to receive the remedy/supplement, reason for the remedy/supplement, and documentation of no concerns related to possible drug interactions with other medications the student may be taking.
3. Medication will be stored in a secured area unless an alternate provision is documented.
4. Medication will be administered by persons who have successfully completed a medication administration course.
5. Students who have demonstrated competence in administering their own medication (insulin, EpiPen injection, inhaler) may self administer the medication. A written statement by the parent or legal guardian shall be on file requesting such accommodation.
6. Medication must be in the original container either as dispensed by the pharmacist or as sold by the manufacturer.
7. A confidential, written medication administration record shall be on file at the school.
8. For long-term medication, we ask that you do not send more than one month's supply.

—————Please complete the information below and return to the school office—————

_____ (child's name) is to be given the following medication at school:

1. Name of Medication _____ Dosage _____ Time _____ Physician Authorizing _____

2. Medical diagnosis/reason for giving medication _____

3. How long is this medication to be given? _____

4. Is your child allergic to any medication? Yes No If yes, please explain. _____

5. Have there been any side effects to taking this medication? Yes No If yes, please explain. _____

6. If on a field trip, my child's medication may be given by authorized school personnel. Yes No

7. At the end of the school year you may: () Send med. home with child. () Parent will pick up.

8. Parent/Legal Guardian Signature _____ Date _____