

BETHLEHEM LUTHERAN SCHOOL GUIDELINES FOR ADMINISTRATION OF MEDICATION

Pursuant to State of Michigan policies and procedures for the safe administration of medications in schools, Bethlehem Lutheran has developed the following guidelines: The definition of medication shall include both prescription and non-prescription (over the Counter) medications and includes those taken by mouth, by inhaler, epi-pen (injectable), and those applied as drops to eye or nose or applied to skin.

Administration of medications will take place only when a parent consent form has been forwarded to the school containing all pertinent information related to the medication. Additionally, for prescription medications, a physician's signature is required on the consent form before such medication will be administered. Parents are urged to schedule the administration of medications at home in order to avoid school hours.

All prescription medications will be administered in the school office by a properly trained staff member. There will always be a second person in attendance to help insure the "5 rights" of administering medication: Right child, Right medication, Right dosage, Right time, Right route. All prescription medications will be kept in the school office for safe keeping. Those medications must be kept in and sent to school in the original, labeled container from the pharmacy.

Guidelines for the administration of over-the-counter medications (Tylenol, aspirin, cough medicine) are very similar. The only difference is that a physician's signature is not required. They also must be kept in the original, labeled bottle or box. OTC medications will be administered by classroom teachers who have also been trained in proper procedures.

Older students who are learning self-care behaviors can often manage their own medication; however, arrangements must be made with school personnel before hand with all pertinent information. This is mandatory since school personnel cannot interpret the safety of unlabeled medication in the event of an accident or injury. A packet of consent forms for OTC and self-administered medications will be available for all families to use as needed during the school year.

School personnel will not discuss any information about the child's medication or health condition unless parents give permission to do so. Appropriate forms will be made available at registration in August and can be obtained from the school office throughout the school year. Parent/Physician consent forms should be taken to the physician's office when students have appointments for illnesses. These forms can be faxed to the school by the physician if necessary.

When a child must take medication at school it is essential that proper communication exist between parents and school personnel. Consent forms provide important information about a child's health needs. Consent forms are mandatory and create trusting partnership between home and school to help keep children healthy, happy, in school and ready to learn.

BETHLEHEM LUTHERAN SCHOOL
Medication consent Form

Student _____ Today's Date _____
Birthday _____ Grade _____
Purpose of the Medication _____

Prescription(s)

1

Name of Medication (1) _____
Dosage _____ Frequency _____
Expiration Date _____
Time to Administer Medication _____
Directions for Administration _____
Length of Time the Medication will be Prescribed _____
Side Effects of the Medication/Comments _____

Restrictions [] Yes [] No
If yes, what and how long? _____

2

Name of Medication (2) _____
Dosage _____ Frequency _____
Expiration Date _____
Time to Administer Medication _____
Directions for Administration _____
Length of Time the Medication will be Prescribed _____
Side Effects of the Medication/Comments _____

Restrictions [] Yes [] No
If yes, what and how long? _____

Attending _____ Physician _____ Date _____
Signature

Principal or Designated Staff Person Administering the Medication _____
Alternate Staff Person Administering Medication _____
Staff Person to Witness Administration of Medication _____

I hereby request that my child be administered the prescribed medication at school by school personnel. I understand that the medication will be administered as per the directions of the above named physician. I will notify the school of changes or discontinuance of this medication(s) immediately.
Parent/Guardian _____ **Date** _____
Address _____ **Phone** _____