

Whitehall-Coplay School District

JUSTIN MADAUS, *PRESIDENT*
EILEEN ABRUZZI, *VICE-PRESIDENT*
JOSEF FRAGNITO, *MEMBER*
DARIA GEHRIS, *MEMBER*
WAYNE GRIM, *MEMBER*
ROBERT KOLB, *MEMBER*
TINA KOREN, *MEMBER*
ARTHUR TASCHLER, JR., *MEMBER*
JOYCE WHEELER, *MEMBER*



Administration Building
2940 MacArthur Road
Whitehall, PA 18052-3398
(610) 439-1431
Fax: (610) 435-0124

JOHN W. CORBY
SUPERINTENDENT
LORIE D. HACKETT, Ed.D.
ASSISTANT TO THE SUPERINTENDENT
ROBERT V. STRAUSS
BUSINESS MANAGER
GARY J. BEHR
DIRECTOR OF OPERATIONS & TRANSPORTATION
DONNA M. VIGLIANTI
DIRECTOR OF SPECIAL EDUCATION
BARBARA A. CHOMIK, Ed.D.
DIRECTOR OF CURRICULUM & INSTRUCTION K-12

IMPORTANT CHANGES TO MEDICATION PRACTICES AT WCSD

June 14, 2010

Dear Parent/ Guardian:

The nurses at Whitehall- Coplay School District will change their practice for the 2010-11 school year to align with the Nurse Practice Act and other governing agencies which prohibits nurses from giving out any medications without a doctor's order. Beginning September 8, 2010, the **Medication Dispensing Form** will need to be completed and signed by both a parent and doctor in order for any medication to be administered during the school day

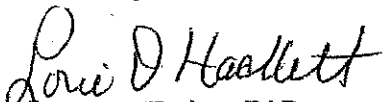
A parent/guardian should give medication before or after school hours if at all possible. If a child must receive medication during school the medicine must be sent in the original container labeled with the child's name. A **Medication Dispensing Form** must be completed and signed by a physician and parent and returned to the school nurse. Both prescription and over the counter medications (i.e., Tylenol (Acetaminophen), Motrin or Advil (Ibuprofen), Midol, etc.) must have a physician's order to be given during the school day. No medication will be administered in school without a completed Medication Dispensing Form. **The new medication practice will be strictly followed.** If your child regularly needs medication during the school year (i.e., frequent headaches, brace pain, asthma, etc.), have the Medication Dispensing Form completed and signed by your physician this summer and submit at the start of the school year. Copies of the **Medication Dispensing Form** are available from your building nurse or on the school website at www.whitehallcoplay.org.

All medications will be sent home at the end of each school year including asthma inhalers and nebulizer treatments. A **new Medication Dispensing Form needs to be completed each school year.** Medication sent to school without the proper paper work signed by a physician and parent will be returned home and/or the parent/ guardian will be contacted to come to school to administer the medication at school.

All controlled substance medications (i.e., Ritalin, Dexedrine, etc.) must be delivered by a parent/ guardian or adult designee. This type of medication may not be sent with a student.

On behalf of our nursing staff, I appreciate your cooperation with this policy change. Please contact the nurse at your child's school building with any questions in regards to this policy.

Sincerely,


Lorie D. Hackett, Ed.D.
Assistant to the Superintendent

WHITEHALL-COPLAY SCHOOL DISTRICT

Medication Dispensing Form

To the Physician:

Please complete and sign this form if you request your patient to receive a medication during school hours. By signing this form, you are indicating that the student could not attend school unless this medication was available during the school day.

Medication must be brought in the original bottle and will be kept in the health room. It will be the student's responsibility to request the medication in the health room.

Student's name: _____ Grade: _____ Teacher: _____

Prescribed medication: _____

Dosage*, route, and frequency: _____

Time of day to be given: _____

Reason for medication: _____

Side effects: _____

Is child taking any other medication? Name? _____

This authorization is in effect from: _____ to: _____ **

*Physician's signature: _____ Date: _____

Print name of Physician: _____

Telephone # of physician: _____

I do hereby release, discharge, and hold harmless, the Whitehall-Coplay School District, its agents and employees, from any and all liability claim for the administration of the above medication to my child and for any and all injuries resulting there from. I consent for employees of Whitehall-Coplay School District to exchange information regarding this medication with the physician who ordered the medication.

Student may carry inhaler with him/her and use as prescribed by physician.

Parent /Guardian signature: _____ Date: _____

***If the dosage is changed at any time, physician must complete new form. Please request additional forms as needed from the school nurse or obtain on-line at www.whitehallcoplay.org (click on individual school and then health services for that school.**

****This form is only valid for school year in which it was completed.**

New prescription med #1