

Whitehall-Coplay School District

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MEDICATION POLICY

2019-2020 School Year

Dear Parent/Guardian:

The Nurse Practice Act prohibits nurses from giving out any medication (prescription and non-prescription) without a doctor's order. 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. 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. **This 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 must be delivered by a parent/ guardian or adult designee. A new sealed bottle of medication must be submitted for school use by the parent/guardian. All medications must be picked up at the end of the school year, any medications that are not picked up will be discarded.

Our school physician from St. Luke's University Hospital has approved standing orders that the staff from the health office can administer throughout the school day. Parental consent is required to administer these medications. That consent is provided through the online update for existing students or enrollment paperwork for newly enrolled students. The standing orders allow: oral antacids, oral numbing throat lozenges or sprays, cough drops, Anbesol/Orajel, Calamine/ Diphenhydramine lotion, topical hydrocortisone cream, topical Diphenhydramine gel, Lidocaine based burn gel and/or triple antibiotic ointment to be given. Each Certified School Nurse reserves the right to decide what products will be offered at his/ her school. No standing order medication will be administered without parental online consent.

In addition, the school physician allows for the use of Benadryl tabs or Benadryl liquid for advancing allergic reaction, Epinephrine for a severe allergic reaction and Narcan for an opioid overdose. These medications may be given without on line parental consent. In the event that you do not wish your child to receive these lifesaving medications, please write a letter to the school indicating this and submit to the school nurse at your child's school.

A new Medication Dispensing Form needs to be completed each school year.

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

Sincerely,

Christopher A. Schiffert
Assistant to the Superintendent

The Whitehall-Coplay School District, an equal opportunity employer, will not discriminate in employment, educational programs or activities, based on race, sex, handicap or because a person is a disabled veteran or a veteran of the Vietnam Era. This policy of non-discrimination extends to all other legally protected classifications. Publication of this policy in this document is in accordance with State and Federal laws including Title IX of the Educational Amendments of 1972 Sections 503 and 504 of the Rehabilitation Act of 1973 and Title VI and VII of the Civil Rights Act of 1964. We further affirm that all curriculum offerings and student enrollment practices will be handled without discrimination based on sex, race, religion, national origin, or non-job related handicaps or disabilities.

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: _____ **

Student may carry INHALER / EPIPEN (circle choice) and use as prescribed by licensed provider.

*Licensed Prescriber signature: _____ Date: _____

Print name of Licensed Prescriber: _____

Telephone # of Licensed Prescriber: _____

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. Please refer to the school calendar for policies related to medications.

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.*

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