

# Whitehall-Coplay School District

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Administration Building  
2940 MacArthur Road  
Whitehall, PA 18052-3408  
(610) 439-1431  
Fax: (610) 435-0124

LORIE D. HACKETT, Ed. D.  
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## MEDICATION POLICY

2020-2021 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](http://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 online 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

**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](http://www.whitehallcoplay.org).**

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