



Our Lady of
Perpetual Help School

531 Williams Blvd.
(504) 464-053

www.olphla.org

Kenner, LA 70062
FAX (504)464-0725



OUR LADY OF PERPETUAL HELP SCHOOL
Medication Policy

Administering Medication While Student Is Under School Supervision

It is not the responsibility of the school or its employees to prescribe drugs, medication, or home remedies. Medication should be administered at home under the supervision of the parent/guardian when possible. However, some students require administration of medication during the regular school day. In those situations, the following procedures shall be followed:

1. School employees are not allowed to administer any medication that exceeds the recommended dosages.
2. Students are not permitted to have in their possession any medication (prescription or non-prescription) while under school supervision. See the exception for emergency medication.
3. The parent/guardian shall supply all necessary items needed for the administration of the medication (i.e., cups, measuring devices, etc.)
4. The parent/guardian shall administer the first dose of medication at home and observe the student for possible side effects.
5. A medication log will be maintained by school personnel for each medication required by the student.
6. The School administration has permission to communicate with other school personnel about the action and side effects of all medication.
7. Questions regarding dosage and administration of the medication will be directed to the prescribing physician or the parent/guardian at the discretion of the school staff.
**MEDICATION WILL NOT BE ADMINISTERED UNTIL ALL QUESTIONS
HAVE BEEN RESOLVED.**
8. When the use of medication has ended, or is no longer needed by the student, it is the parent's/guardian's responsibility to retrieve the unused medication from school. Any unused medication will be disposed of by the school upon written request of the parent/guardian or at the end of the school year.

Prescription Medication:

1. Shall be provided in an original pharmacy container with a current label. Prescription medication brought in any other container will not be administered.
2. Shall be brought to the office by an Adult with the **Physician Order for Prescription Medication and Parent/Guardian Authorization** form completely filled out. The form is available at the office or on the school website.

Over-the-counter Medication:

1. Shall be provided in the original, labeled container.
2. Shall be brought to the office with the **Authorization for Administration of Over-the-Counter Medication** form completely filled out. The form is available a the office or on the school website.
3. Shall only be administered according to the label directions, unless contrary, written directions are provided by a physician.

Inhalers/Insulin/Emergency Drugs/Medication Carried on the Student's Person:

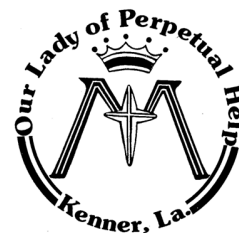
1. A separate form is available in the office or on the school website for the administration of inhalers, self-administered insulin, emergency medication, and medication required to be carried on the student's person.
2. If medication is to be carried by a student at all times, the physician's order shall state such.

STUDENTS SHALL NOT SHARE PRESCRIPTIONS OR OVER-THE-COUNTER MEDICATION WITH OTHER STUDENTS UNDER ANY CIRCUMSTANCES. APPROPRIATE DISCIPLINARY ACTION WILL BE TAKEN.



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Physician Order for Prescription Medication and Parent/Guardian Authorization (TO BE RENEWED ANNUALLY)

Parent/Guardian Authorization

Date: _____

I request that my child, _____, in grade _____ be given medication during the school hours as ordered below by the physician.

I accept the rules of the school/diocese concerning the administration of medicine, including the following:

1. Medication shall be provided in an original pharmacy container with a current label. Prescription medications brought in any other container will not be administered.
2. Medication shall be brought to the office by an adult with this form completely filled out.
3. Questions regarding dosage and administration of the medication will be directed to the prescribing physician or the parent/guardian at the discretion of the school staff.

**MEDICATION WILL NOT BE ADMINISTERED UNTIL ALL QUESTIONS
HAVE BEEN RESOLVED.**

Parent or Guardian Name

Parent or Guardian Signature

Physician's Order

It is necessary for the medication listed below to be given during school hours:

MEDICATION NAME/STRENGTH _____

DOSAGE TO BE ADMINISTERED: _____

TIME TO BE ADMINISTERED: _____ DURATION OF ADMINISTRATION: _____

ROUTE OF ADMINISTRATION: By Mouth By Inhalation Other _____

Physician's Name

Telephone Number

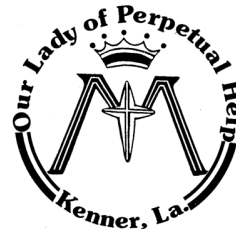
Physician's Signature



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Parent/Guardian Authorization for the Administration of Over-the-Counter Medication (TO BE RENEWED ANNUALLY)



Date: _____

I request that my child, _____, in grade _____ be given over-the-counter medication during the school hours only when necessary.

I accept the rules of the school/diocese concerning the administration of medicine, including the following:

1. Medication shall be provided in the original, labeled container.
2. Medication shall be brought to the office by an adult with this form completely filled out.
3. Over-the-counter medication will only be administered according to the parent's directions, not to exceed recommended dosage.

It is necessary for the medication listed below to be given during school hours:

MEDICATION NAME/STRENGTH: _____

DOSAGE TO BE ADMINISTERED: _____

TIME TO BE ADMINISTERED: _____

DURATION OF ADMINISTRATION: _____

ROUTE OF ADMINISTRATION: ___By Mouth ___By Inhalation ___Other _____

Parent/Guardian Name

Parent/Guardian Signature

Telephone Number