



Laurel Highlands School District

Medication Policy and Procedures

<u>DISTRICT USE ONLY</u>
Student Name: <hr/>
Student ID Number <hr/>

Student's Name: _____ Date of Birth: _____

This communication is to establish guidelines for children who must take medication while at school. Prescription medication can be given daily by complying with the following policies and procedures:

1. Furnish a written authorization from the child's physician and parent/guardian.
(Medical Authorization Forms are available at your child's school)
2. Send only those prescription medications which **MUST** be given during school hours.
(Medications taken three times per day should be given before and after school)
3. **IMPORTANT**: Medication should be sent in the original prescription container.
4. Parent/guardian **MUST** bring the medication to school office.
5. **DO NOT SEND MEDICATION** with your child on the school bus.
6. Medication will be prohibited in desks, lockers, or to be carried by the student during the school day.
7. The child is to go to the nurse's office and request his/her medication at the scheduled time.
8. When the physician is not available for consultation, the parent is to assume the complete responsibility for giving any medication to their child while in school.
9. Over the counter medication **WILL NOT** be given at school without a doctor's authorization.
10. If your child has been diagnosed with Asthma, please see the school nurse.

Your cooperation is necessary for the safety of all children and clarification of policy for school personnel. Failure to comply with all guidelines will prevent the school personnel from handling your child's medication.

Laurel Highlands School Board Adopted Policy

"No patented drug, prescription, medicine, or other controlled substance shall be permitted to be brought upon the school property or into any school building unless permission is first granted by a school nurse, following consultation with the prescribing physician. Conditions imposed by the school physician and authorized school personnel shall be strictly followed."

Signature of Parent/Guardian: _____

Date: _____