



ROUTT CATHOLIC HIGH SCHOOL MEDICATION POLICY

As a general principle, medications will not be given at school. Acutely ill students will be sent home. Students convalescing from an acute illness should remain at home until the need for medication no longer exists.

Students will not be allowed to have any drugs in their possession on the school grounds.

When special circumstances exist for a health problem that can be expected to be of a long duration, the following policy will be adhered to.

PRESCRIPTION MEDICATION

To assure school attendance for students who must use medication in the treatment of chronic disabilities or illness --

Any student who is required to take medication during the regular school day must comply with school regulations. These regulations must include at least the following:

1. Written orders from a physician detailing the name of the drug, dosage, and time interval medication is to be taken.
2. Written request and permission from the parent or guardian of the student requesting that the school comply with the physician's order.
3. Medication must be brought to school in a container appropriately labeled by the pharmacy or physician.
4. Each medication given must be recorded on a medication log that includes date, time, dosage and signature of person giving medication.

NON-PRESCRIPTION MEDICATION

The following policy pertains to non-prescription medication:

1. No non-prescription medication will be dispensed in our school. Students **will not** dispense non-prescription medication in our school.
2. Non-prescription medication includes aspirin, Tylenol, antacid, and antihistamine, and any other over-the-counter medication.
3. No topical application of alcohol, peroxide, or calamine lotion or any other medication will be used.
4. If injury occurs, we will use soap and water and inform the parent if the child needs further treatment or needs to be sent home.
5. If a child needs medication the parent will be called and he/she resumes the responsibility to bring the child medication or take the child home.

OPTIONAL FORM – PRINT, COMPLETE AND RETURN TO ROUTT



ROUTT CATHOLIC HIGH SCHOOL

500 East College Avenue
Jacksonville, IL 62650

MAIN OFFICE

Phone: 217.243.8563 ext. 1
Fax: 217.243.3138

STATEMENT OF PHYSICIAN

THIS MUST BE RETURNED TO SCHOOL WHEN CHILD RETURNS WITH MEDICATION

Date: _____ Student Name: _____ Diagnosis: _____

Name of Medication: _____ (As listed on medication bottle)

Dosage: _____

Administration Time: _____ Method: _____

Predictable Side Effects: _____

Contraindications: _____

Physician's Signature: _____

Physician Address: _____ Physician Telephone Number: _____

STATEMENT OF PARENT/GUARDIAN

**Medication Policy - Reference RCHS Handbook Page 31 & 32
Request for Administering Medication at School and Release from Liability**

I/we, the undersigned parents/guardians of minor child, _____, a student at Routt Catholic High School, hereby request Routt Catholic High School to allow said child to attend school in spite of his special health problem and to be given medication prescribed by _____ from _____ to _____ under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor and drug store, name of drug, and the specific time it is to be given at school. I/we assume all responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his special problem, we hereby release, relieve and discharge Routt Catholic High School and/or any of its agents or employees, from any and all liability for any injury or damage to the health of said child arising out of, or resulting from the necessity of said child having to take medication during school hours.

I/we have read, understand and agree to the school's regulations concerning giving medication at school.

Parent/Guardian Signature: _____ Date: _____

Address: _____

Telephone Number: _____



SELF-CARRY AND SELF-ADMINISTRATION OF MEDICATIONS

Student Agreement

Routt Catholic High School allows the self-administration and/or self-carry of asthma medication, epinephrine injectors, medicinal cannabis, and diabetes medication upon receipt of the necessary documents as noted below (*).

I agree to:

- Follow my licensed health care provider’s medication administration instructions according to the current medication authorization and health care plan.
- Use correct medication administration technique.
- Not allow anyone else to use my medication.
- Keep my pharmacy-labeled medications with me during regular school hours.
- Inform my parent or legal guardian when I am close to running out of medication or the medication is close to the expiration date on the label.
- Notify my school staff if the following occur:
 - My symptoms continue or get worse after takin the medication.
 - My symptoms reoccur during the same school day.
 - I suspect that I am experiencing side effects from my medication.
 - Other_____
- I am knowledgeable about my prescribed medicine’s proper use and the side effects.
- I understand that permission to self-carry and self-administer my medication is designed to enhance my self-care skills as I move toward increased independence.
- I understand that permission for possession and self-administration of my medication will be re-evaluated if I am unable to abide by the listed criteria

Signature of Student

Date

Print Name of Student

I have read and concur with the above student agreement.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

The student has demonstrated knowledge about the proper use of his/her emergency medications.

Signature of School Staff

Date