

All Saints CATHOLIC SCHOOL

1206 Logan Street

Holdrege, Nebraska (308) 995-4590

MEDICATIONS POLICY

Designated school personnel will be allowed to give medication to students. All medication will be locked in the school office. **NO MEDICATIONS WILL BE GIVEN WITHOUT A MEDICATION PERMISSION FORM** (see below).

We encourage parents/guardians to give medication at home. Three times a day dosage may be given before school, after school and at bedtime. If your child needs to take a medicine at school a few rules apply.

All Saints will not provide any medication. This includes over the counter medication.

All medication must be kept in the school office, where it will be locked up.

No medication will be given without a signed note from the parent or guardian indicating the medication to be given, the amount to be given and the time to be given (see below).

The medicine must be sent to school in the original container appropriately labeled by the pharmacy or physician.

Any medicine not in the original container cannot be given.

**This includes over-the-counter medication
(cough drops, throat lozenges, Tylenol, ibuprofen, cough medicine).**

Please help us insure safety in the administration of medicine at school.

Thank you,

Father Thomas Lux

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION AT SCHOOL ALL SAINTS CATHOLIC SCHOOL

Student's Name: _____ Birth Date: _____

Type of Medication: _____ Date: _____
(Please write in the full name including generic name and brand)

Dosage of Medication: _____ start date _____ end date _____

What time to be given and how often to be given: _____

How long will student be taking this medicine? _____

Inhalers: _____ (indicate if student MUST carry on his/her person)

Possible side effects of medication: _____

Emergency procedure in case of serious side effects _____

I request/authorize the personnel of All Saints Catholic School to give medication to my student in accordance with the instructions written above. I understand that unlicensed staff may be assigned to provide medication to my student, and I accept ultimate responsibility for monitoring the effects of this medication.

Date

Signature of Parent or Guardian

Home phone

Work Phone

Revised 8/16/2007