



St. Ann School

4921 Meadowdale Street, Metairie, Louisiana 70006
(504)455-8383 Fax (504) 455-9572 www.stannschool.org

PK3 - 7th Grades

Dear Parent,

St. Ann School has had a medication policy in effect for several years. A copy of this policy is on the reverse side of this page. For the benefit of our students, we will adhere to this policy. Please read carefully – be aware that students are not permitted to bring prescription or non-prescription medication to school.

Parents shall be responsible for delivering student's medication to the school office. A physician's statement **MUST** accompany the medication whether it is prescription or non-prescription. A copy of the Physician's Statement is attached with a statement of Release From Liability which must also be signed by a parent or guardian before any medication is dispensed.

Medication must be properly labeled. Parent must have the "School Nurse Consent and Acknowledgement" form completed. If there is any medication that must be kept permanently for serious emergencies (asthma, etc.), please call the school nurse for instructions.

Students who must take medication during school hours will be allowed to do so when the proper procedures have been followed. It is suggested that you mention our policy to your child's physician – perhaps he/she can prescribe alternate medication that does not require taking during school hours (i.e. 2 doses per day rather than 3). New medications should be administered at home for the first dose, to allow parents or guardians to monitor for any potential side effects or adverse reactions and ensure the medication is tolerated before it is administered at school.

We acknowledge the difficulties this policy may hold for you, yet we must follow these procedures for the common good of all involved.

Thank you for your continued cooperation.

Sincerely,

Lindsay S. Guidry
Principal

MEDICATION POLICY

NOTE: If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following procedure must be followed. It is the policy of ST. ANN SCHOOL that all medication, prescription or non-prescription, must be kept in the school office and will be dispensed only by school personnel and/or to by the school nurse.

1. No medication (prescription or non-prescription) will be on a student's person at any time. Parents shall be responsible for personally delivering medication to the office. All medication will be stored for the student and delivered to the student at the request of the parent(s).
2. Injections will only be administered by the school nurse. School personnel will not administer any injections.

Medications Procedures:

1. All medication must be accompanied by a Physician's Statement (provided by St. Ann School).
2. Parents will notify the school office in writing (or person) of their request to dispense medication to their child, including all directions and special administrations, and shall supply all necessary items needed for the administration of the medication.

→ IF MEDICATION IS NOT PROPERLY LABELED, IT WILL NOT BE GIVEN TO CHILD.

3. The principal will designate a particular person(s) to dispense and assist the student in securing the dosage prescribed.
4. Schools will keep all medicine under lock in a secure place.
5. The appropriate Medication and Release from Liability forms must be obtained.
6. At the end of the school year, all medication not picked up by the parent will be disposed of.

A MEDICATION FORM IS REQUIRED FOR EACH MEDICATION

REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FROM LIABILITY

I/we, the undersigned parent(s)/guardian of the minor child _____, a student at ST. ANN SCHOOL, hereby request that the school allow said child to attend school and to be given medication during the following period:

Start Date: _____ **End Date:** _____

under the supervision of designated school personnel.

If I furnish a prescription drug, it must be labeled by the physician or pharmacist with said child's name, doctor and drugstore, name of drug and dosage. It must be accompanied with instructions including the specific time it is to be given at school. It must be accompanied by a completed Physician's Statement. I/we assume all responsibility for any mistake in furnishing an incorrect dosage.

If I/we furnish an over-the counter medication, it must be accompanied with instructions including child's name, name of medication, dosage and the specific time it is to be given at school. This must also be accompanied by a Physician's Statement. 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/her special problem, I/we hereby release, relieve and discharge ST. ANN SCHOOL, Parish and the Archdiocese of New Orleans, 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, resulting from the necessity of said child having to take medication during school hours.

I/we further release ST. ANN SCHOOL, Parish and the Archdiocese of New Orleans, from any and all liability whatsoever, for any cause whatsoever which may result from the storing of medication prescribed.

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

SIGNATURE OF PARENT / GUARDIAN

DATE

ADDRESS

CITY / STATE / ZIP

PHONE(S)

ST. ANN SCHOOL
4921 MEADOWDALE STREET
METAIRIE, LA 70006
(504) 455-8383

PHYSICIAN'S STATEMENT

NAME OF STUDENT

SCHOOL

DATE

DIAGNOSIS

NAME OF MEDICATION

DOSAGE

TIME OF ADMINISTRATION

METHOD OF ADMINISTRATION

DATE OF DISCONTINUE

PREDICTABLE SIDE EFFECTS

CONTRAINDICATIONS

This student has been instructed in the proper method of self-administration of his/her medication.

PHYSICIAN'S NAME/SIGNATURE

OFFICE ADDRESS

PHONE

COMMENTS: _____
