

## Consent and Release for Administration of Prescription and Non-Prescription Medication BROUGHT FROM HOME be Administered at School

**Academic School Year: 20\_\_\_\_\_ – 20\_\_\_\_\_**

For your child's safety, Owensboro Catholic Schools and School Health Services mandate the following summary of procedures to be followed regarding student medication and administration by the designated OCS personnel. For a complete listing of the policy, refer to the OCS Website or visit your child's Health Room.

### Prescription Medication:

1. The medication must be sent to school in its original container, prescription label attached, with the following information included on the label: student's name, date, prescribing physician, dosage/strength, directions for use (including frequency & duration), pharmacy name and address. Those with altered or changed labels will not be accepted.
2. Prescription medications, such as antibiotics, directed to be given two or three times a day should be administered at home. An exception may be made by the School Nurse if the student is in the After-School Program or will remain after regular school hours for a school-sponsored activity/function, if designated staffing is available.
3. Controlled medication will be counted and verified by both the parent/guardian and designated OCS school personnel when the medication is brought into the school, requiring both to initial the consent form verifying the correct count.

### Non-Prescription Medication:

1. Medication must be provided by the parent/guardian in the original container/package with information of indications and directions included.
2. Some medication may be available at the school. After parent/guardian consent is obtained, appropriate medication administration staff may administer certain symptom specific over-the-counter medications as needed during the current school year.
3. No products containing aspirin (ASA, Acetylsalicylic acid) will be given without a physician's order.

- All medications, Prescription & Non-Prescription, must be brought to school by a parent/guardian (never the student) and given to School Office Personnel or School Health Tech.
- **Please note for OCHS students only:** Medications may be brought into OCHS by the student if it is immediately brought to the Health Room or the Main School Office upon his/her arrival to school. OCHS Students may obtain his/her medication at afternoon dismissal if the student is immediately leaving OCHS premises.
- All medications, Prescription & Non-Prescription, must be accompanied by a completed & signed copy of the "Consent and Release for Administration of Prescription & Non-Prescription Medication Brought In from Home to be Administered at School" form (see page 2) and given to the School Secretary or School Health Tech
- OCS School Health Staff will not be administering any medications containing narcotics (i.e. Lortab, Codeine, Tylenol #3) except when identified in an individual care plan for chronically ill students.
- Medications, including Prescription & Non-Prescription medication are NOT allowed on the Daviess County School System Buses at any time. (EpiPens, Asthma Inhalers, and Diabetic medications are excluded from this rule.)
- All medications, Prescription & Non-prescription, will be accepted on an individual basis by the School RN
- All medications to be administered at school will be given by the School Health Assistant, School RN, or designated trained OCS personnel.
- Consent form valid for current school year only.

OCS personnel WILL NOT administer any medication, Prescription &/or Non-Prescription, unless these guidelines are precisely followed. You will be notified that that the medication cannot be given until compliance is obtained according to the above-mentioned guidelines. For your child's wellbeing, these guidelines and procedures must be followed.

If you have any questions or concerns, please feel free to contact me at 270-852-8005 or sherry.krampe@owensborocatholic.org.

Sincerely,

**Sherry Krampe, BSN, RN**

OCS School Nurse/Health Coordinator



Owensboro Catholic Schools

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The undersigned parent(s)/guardian(s), request the designated medication administration personnel at Owensboro Catholic Schools to administer the medication(s) listed below to the hereinafter named student:

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

List Any Medication Allergies: \_\_\_\_\_

## Medication 1:

Medication Name: \_\_\_\_\_ Dosage/Strength: \_\_\_\_\_

Time(s) medication is to be given at school: \_\_\_\_\_

Physician (if prescription): \_\_\_\_\_ Diagnosis/reason for medication: \_\_\_\_\_

Special instructions &/or possible significant side-effects: \_\_\_\_\_

### OCMS & OCHS Students only: Emergency Medication "Self-Carry Option"

YES  NO

I request that the above named OCS student be permitted to self-carry and self-administer the above-named emergency &/or life-sustaining medication for the treatment of Asthma, Anaphylaxis, Diabetes, Seizures &/or other medication approved by the Healthcare Provider, OCS School Nurse/Health Coordinator & parent/guardian. The parent/guardian and the above-named student understand that he/she must follow the rules listed in the "self-carry Guidelines" below or this privilege will be revoked.

## Medication 2:

Medication Name: \_\_\_\_\_ Dosage/Strength: \_\_\_\_\_

Time(s) medication is to be given at school: \_\_\_\_\_

Physician (if prescription): \_\_\_\_\_ Diagnosis/reason for medication: \_\_\_\_\_

Special instructions &/or possible significant side-effects: \_\_\_\_\_

### OCMS & OCHS Students only: Emergency Medication "Self-Carry Option"

YES  NO

I request that the above named OCS student be permitted to self-carry and self-administer the above-named emergency &/or life-sustaining medication for the treatment of Asthma, Anaphylaxis, Diabetes, Seizures &/or other medication approved by the Healthcare Provider, OCS School Nurse/Health Coordinator & parent/guardian. The parent/guardian and the above-named student understand that he/she must follow the rules listed in the "self-carry Guidelines" below or this privilege will be revoked.

**Student "Self-Carry" Guidelines:** Students at OCMS & OCHS with a documented health condition that requires emergency or life-sustaining medications (asthma, anaphylaxis, diabetes, seizures &/or other medication approved by the Healthcare Provider, OCS School Nurse/Health Coordinator & parent/guardian) may "self-carry" so that the medication may be immediately accessible. However,



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it is preferred that the student's medication be kept and administered in the Health Room where it will be stored in a consistent, secure, accessible location, stored per manufacturer's guidelines, administered under supervision, records kept, and the parent notified when a refill is needed. These practices will not be done for the medication(s) that the student self-carries. The student is NOT to share his/her emergency medication with another person.

- **Asthma:** Student agrees that after asthma inhaler is self-administered and if relief not given, he/she will immediately report to Health Room by student or staff escort, where parent will be notified & steps of Individualized Plan of Care will be immediately followed.
- **Anaphylaxis, Diabetes, Seizures:** An **additional supply of this medication** provided by the parent **MUST** be kept in the Health Room to assure it is available should the student not self-possess it at the needed time (i.e. forgot/misplaced/lost medication). Student **MUST** notify nearest OCS teacher, student, &/or Health Room staff immediately with epinephrine by autoinjector, low blood glucose medication or seizure medication administration, & steps of Individualized Plan of Care will be immediately followed.

Student failure to follow these guidelines will result removal of self-carry privileges & the Parent/Guardian will be notified.

I understand the Owensboro Catholic Consolidated Schools Policies and Procedures on administering medication. I have read this consent form and understand all its terms. I execute it voluntarily and with full knowledge of its significance. I hereby agree to release and hold the OCS staff free and harmless for any claims, demands, or suits for damages from any injury or complications that may result from such treatment. I give my permission for Owensboro Catholic Consolidated Schools and the attending physician to exchange information concerning my child's medical records and related information. Consent form valid for current school year only.

**Parent/Guardian Name (Signature):** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Please check this box if you understand that by typing your name, it is the same as your signature*

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For Official Use only: **Controlled Prescription Medication**

**#Number/Amount of medication brought to school:** \_\_\_\_\_

**Correct Count Verified by: Parent/Guardian** \_\_\_\_\_ **OCS Personnel:** \_\_\_\_\_