CALIFORNIA ACADEMY OF LEARNING CHARTER SCHOOL

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Dear Parents/Guardians,

This notice is to remind you of the California Academy of Learning Charter school's "Medication" policy. The Charter recognizes that in some circumstances a student's medical condition may require medication during school hours. The district policy for administration of medication by school personnel is based on Pennsylvania State Law as well as medication administration guidelines issued by the Pennsylvania Department of Health.

The administration of any medication by school personnel requires written instructions from the student's provider and written permission from the parent/guardian. This includes prescriptions and over-the-counter medications (Tylenol, Motrin, Tums, etc.). Medication orders may be emailed directly to the school from the physician's office. Students are not permitted to carry or self- administer any medication in school without prior authorization. Students with an Asthma Inhaler, Epinephrine Injector, or Insulin may keep the medication with them to self-administer only if the prescribing provider determines it is a medical necessity, the appropriate portion of the medication administration consent form is completed and the student is deemed responsible to carry by the school nurse.

Medication Drop Off Procedure and Information:

- All medication shall be brought to the nurse's office, or the main office if the nurse is in another building, by the parent/guardian or by another responsible adult designated by the parent/guardian.
- Prescription medications must be brought to school in their original container with the pharmacy label attached.
- Over-the-counter medications must be brought in their original, unopened packaging and labeled with the student's name and date of birth.
- If a medication is delivered to the school in a bag, envelope, or other container, it will not be accepted or administered by school personnel.
- Medication confiscated from a student during bag checks will be forfeited to the nurse and the parent/guardian will be called to pick up the medication or opt for disposal.
- The medication will be counted in front of the parent/adult and recorded on the designated log which is then signed by the school employee and the parent /guardian.
- Parents/guardians are responsible for picking up any unused medication at the end of the school year. All expired medication will be properly disposed of by the school nurse.
- Weather delays often disrupt the student's medication time at home and therefore the school dose must be adjusted accordingly. For your student's safety, no medication will be given to a student on a delayed day without first communicating with the nurse regarding what time the medication is to be taken in school.
- The first dose of a **new** medication should be given at home prior to beginning it at school so that the student can be monitored closely for any side effects, sensitivities, or allergies.

A NEW Medication Administration Consent is required each school year.
NO MEDICATION WILL BE ADMINISTERED WITHOUT A PHYSICIAN 'S WRITTEN ORDER

We thank you for your cooperation in keeping our students safe and healthy!

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Medication Administration Consent

Complete this form for your student to receive medication during school hours.
A new form is required for each school year and for any changes in the following information.

Student's Name _____ Date of Birth: _____ Grade: _____

Address: _____

Allergies: _____ Diagnosis:_____

Name of Medication: _____ Dose:_____ Route:_____

Time/Frequency: _____ Indication (PRN only):_____

Duration of Medication: Entire school year ____ OR from the dates of: ___/___/___ to ___/___/___

Precautions and Adverse Reactions: _____

Independent Self-Administration of Medication: This student was instructed and is able to demonstrate correct (circle one) Inhaler/Epinephrine Injector/Insulin use. He/she is responsible and is permitted to carry and independently self-administer this medication. YES ___ NO ___ N/A ___

_____ Physician's
Printed Name Physician's Signature Date

_____ Physician's
Address Telephone Number

I(We), the parents/guardians of the student listed below, authorize the California Academy of Learning Charter School to administer/supervise the self-administration of the medication ordered by the student's physician/licensed provider. I understand the medication will be given as directed on this form. It is the student's responsibility to present to the health office to receive medication. I acknowledge that the school nurse may not in every instance administer the medication. I release and indemnify the charter school, its officers, agents and employees from any and all liability resulting from medication administration. The parent/guardian of a "protected handicapped student", as that term is defined within the Pennsylvania Department regulations found at 22Pa. Code Chapter 15, is not required to acknowledge or execute such a release or indemnification agreement. I also authorize, as needed, the sharing of information related to my child's health between the school nurse and the health care provider, teachers, and appropriate school personnel.

FOR INHALER, EPINEPHRINE INJECTOR & INSULIN ONLY: I request that the school comply with the prescription above and agree that my student is responsible and permitted to carry and independently self-administer this medication.

YES ___ NO ___ N/A ___

_____

Parent/Guardian Printed Name Parent/Guardian Signature Date