Established 1963

New Orleans Campus 8400 Hayne Blvd. New Orleans, LA 70127 (504) 242-6270 Slidell Campus 363 Thompson Road Slidell, Louisiana 70460 (985) 641-3363 Madisonville Campus 235 Hwy. 21 Madisonville, LA 70447 (985) 845-3537

Procedure for Administering Medication at School

It is our foremost recommendation that any medication be administered by a parent at home, or that a parent come to school to administer medication to his/her child. In extraordinary circumstances, medication may need to be administered at school. In that case, our procedure is as follows:

- 1. No medication shall be administered without an order from a licensed physician, dentist, or other authorized prescriber. The "Request for Administering Medication at School and Release from Liability" form shall accompany the order.
- 2. Our administration will administer ONLY what a parent has brought directly to the office clearly marked with the child's name and specific instructions. These instructions are to be distinctly set forth on the school's "Request for Administering Medication at School and Release from Liability" form, which is to be completed, signed, and dated by the parent or guardian of the child, and by the child's physician. This form can be obtained from the school office. No over-the-counter medication will be administered by the office without a physician's specific authorization set forth on the form.
- 3. At NO time shall any child be allowed to have in his/her possession ANY medication whatsoever. This includes throat lozenges, cough drops, eye drops, etc.
- 4. If a child has any medical condition that arises while at school, such as headache, cramping, earache, itchy skin, etc., the parent will be called and the parent may either pick up the child or come to school to administer the medication. Any medication that has expired will not be administered.
- 5. Unless otherwise indicated on the medication form, all medication will be destroyed if it is not picked up within two weeks of the date of the form.

Lake Castle Private Schools

"Excellence in Education"

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Request for Administering Medication at School and Release from Liability

This form MUST be completed by parent and, where indicated, physician before ANY medication is administered. DATE: Name of Student: ____ FIRST MIDDLE NICKNAME Student Date of Birth: Sex: M F (CIRCLE ONE) Grade: Name of Parent/Guardian: Telephone Numbers: Home (INCLUDE AREA CODES) _____ Cell ____ Student Allergies: (list medication, food, etc. to which student is allergic) _____, hereby give permission for the PARENT'S NAME (PRINT) school administration/teacher, or other unlicensed person to give the following medication to my child (describe in detail): Prescribed by: PHYSICIAN'S NAME I give permission to the school administration to share with appropriate school personnel information (such as adverse side effects) relative to the prescribed medication administration as the administrator determines necessary for my child's health and safety. I have administered the

initial dose at home and have allowed sufficient time for observation of adverse reactions before

SIGNATURE OF PARENT OR GUARDIAN

asking school personnel to administer the medication.

DATE: _____

TO BE COMPLETED BY A LICENSED PHYSICIAN OR DENTIST

STUDENT:	Date of Birth:
NAME OF LICENSED PRESCRIBER:	
OFFICE PHONE: ()	EMERGENCY: ()
DIAGNOSIS	
MEDICATION	Desired Effects:
DOSAGE	FREQUENCY
Specific Directions or Information for Administ	ration:
Date of Order:	Discontinuation Date:
Contraindications to this Medication or Specific	Effects to this Student:
Please list other medications taken by this stude	nt outside of school:
administer his/her medication at school?	•
PHYSICIAN'S SIGNATURE	DATE
ADMINISTER HIS/HER OWN M	STUDENTS WHO WILL SELF- IEDICATION, SUCH AS ASTHMA ER EMERGENCY MEDICATION
Do you give permission for your child to self-ac	dminister medication? YES NO
Do you feel that your child is sufficiently responsible administer his/her own medication?	nsible and informed to YES NO
Do you assume responsibility for your child's a self-management of medication at school?	ctions in his/her YES NO
Do you understand that regular medication orde for students who self-administer medication at s	
PARENT'S SIGNATURE	DATE