



ST. CATHERINE OF SIENA SCHOOL

Middle States Accredited

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www.scs-school-cedargrovenj.org

Dear Parents,

This letter is to explain the medication policy of St. Catherine of Siena School. This applies to all prescription and over-the-counter medications. New Jersey Education Laws clearly state that the School Nurse is the only member of the school staff who can administer medication in the school. Accordingly, the following guidelines have been established:

- A. Children who are ill and require medication for temporary illness (i.e. strep throat or ear infections), should be kept at home during the acute phase of the illness and all medication should be given at home.
1. Antibiotics should be given at home. An alternative schedule to avoid giving medication during school hours should be discussed with your doctor.
 2. No medication should be sent to school in a lunch box or backpack with instructions for the child to take on his/her own. Children have been known to throw medications away, give it to another student or lose it.
- B. For parents of students who require a specific prescription medication to be given for an extended time and during school hours, the following procedures apply:
1. A doctor's order form **must** be completed by the child's physician. Forms are available in the school Nurse's office.
 2. A parent authorization **must** be signed by the parent or guardian empowering the Nurse to administer the medication if she is available. Forms are available in the school Nurse's office.
 3. A maximum of one week's medication in a properly labeled prescription bottle must be brought to school by an adult. The medication is kept in a locked closet in the Nurse's office.
- C. For students who require medication on an emergency basis (i.e.: bee stings, asthma, migraine, food allergies, headaches), the following procedures apply:
1. A doctor's order **must** be completed even if the medication is not a prescription drug.
 2. An Asthma Action Plan must be completed by a physician for students with asthma.
 3. The parent's permission form **must** be completed.
 4. Medication **must** be received in the properly labeled container.
 5. In case of a life threatening emergency, school personnel will take appropriate measures. If the nurse is not available, the law permits the school nurse to designate, in consultation with the chief school administrator of a non-public school, another employee of the school to administer epinephrine via an auto-injector (Epi-pen) to a pupil for anaphylaxis. 911 will be called immediately.
 6. The school shall permit the self-administration of medication by a pupil for asthma or other potentially life-threatening illnesses provided that:
 - (1) the parents or guardians of the pupil provide written authorization for the self-administration of medication;

(2) the parents or guardians of the pupil provide written certification from the physician of the pupil that the pupil has asthma or another potentially life-threatening illness and is capable of, and has been instructed in, the proper method of self-administration of medication;

(3) school informs the parents or guardians of the pupil in the school and its employees or agents shall incur no liability as a result of any injury arising from the self-administration of medication by the pupil;

(4) the parents or guardians of the pupil sign a statement acknowledging the school shall incur no liability as a result of any injury arising from the self administration of medication by the pupil and that the parents or guardians shall indemnify and hold harmless the school and its employees or agents against any claims arising out of the self-administration of medication by a pupil; and

(5) the permission is effective for the school year for which it is granted and is renewed for each subsequent school year.

Thank you for taking the time to read these instructions. *Please remember that these rules are mandated by law and are instituted with the health and safety of your children in mind.*

Sincerely,

Mrs. Colleen Kennedy, RN
School Nurse

ST. CATHERINE OF SIENA SCHOOL

Request From Parent

Dear Mrs. Kennedy,

I hereby request that my child _____
who attends St. Catherine of Siena School in grade _____, be administered medication
during school hours as prescribed by our family physician. His written orders accompany this
request.

I understand the ultimate responsibility for the administering of the medication is mine,
and I am fully aware that the school nurse is a part time employee.

If a pre-filled, single dose auto-injector of Epinephrine is prescribed for a severe allergic
reaction (anaphylaxis), it will be administered by the school nurse and/or by a delegate trained
by the school nurse when the school nurse is not present. Be advised that the school nurse is
present at St. Catherine's on a part-time basis and thus has limited hours at the school.

Parent signature _____

Address _____

Date _____

Recommendations of Family Physician

In order to protect the health of _____,
it is necessary for him/her to have the following medication during school hours.

Medication: _____

Dosage: _____

Time to be Admin. _____

Purpose of Med. _____

Ill effects that might occur if medication is not given or an overdose is given:

Diagnosis: _____

May medication be given by another staff member if the school nurse is not available?

Yes []

No []

Signature of Physician

Address

Dates effective (duration of time)

Approved by School Physician _____

Date _____

RECOMMENDATIONS ARE EFFECTIVE FOR ONE SCHOOL YEAR ONLY AND MUST BE RENEWED ANNUALLY.