

DISPENSING AND STORAGE OF MEDICATIONS POLICY

1. No Holy Redeemer School staff, volunteer or student shall furnish (regardless of parent authorization) any student with any prescription or nonprescription medication. All non-prescription medications must be furnished by the parents.
2. Written permission from the child's parent or guardian is required prior to school nurse assisting the student in taking a medication.
3. In no event is any representative of the school to assure a parent that anything more than a reasonable effort will be made to assist the student in taking a medication.
4. **Any medication, prescription or nonprescription brought to school must be in its original container and prescription must coincide with the information on the reverse side of this form. (Note: When having a prescription filled, a request can be made for a second bottle to be labeled for school purposes.)**
5. No prescription medication will be administered unless the name, strength and dosage requirements of the medication are on the container.
6. The Holy Redeemer School requires that the form on the reverse side be completed for *any medication* to be administered during school hours.
7. Medications, including inhalers, shall be kept in the school clinic. Please read and check any deviation, if applicable, to the school's standard policy of storing and dispensing medications.

INHALER WAIVER

_____ I authorize my child to have his/her inhaler in his/her possession at all times. I assume the responsibility of the consequences should it be misplaced or lost. **Physician note requesting inhaler stay with child is required and attached to this form.** I will also supply an additional inhaler to be kept in the clinic at all times in the event my child requires his/her inhaler and his/her regular one is not available for immediate use.

_____ I authorize my child to have his/her inhaler in his/her possession at all times. I assume the responsibility of the consequences should it be misplaced or lost. **Physician note requesting inhaler stay with child is required and attached to this form.** However, I will not supply an additional inhaler to be kept in the clinic, thereby relinquishing Holy Redeemer School and the Archdiocese of Atlanta of any responsibility in assisting in the administration of the prescribed inhaler regularly or as needed.

Signature of Parent or Guardian

Date

FOR CLINIC USE ONLY

MEDICATION ADMINISTRATION RECORD

Date Time																				
Signature																				
Date Time																				
Signature																				
Date Time																				
Signature																				
Date Time																				
Signature																				

Student's Name _____