



Saint Mary
of the snows
Catholic
School

◆
SHAPING
THE MIND, BODY
AND SPIRIT OF
TOMORROW'S
LEADERS
◆

Dear St. Mary Parent/Guardian,

Medication Policy

Medication is defined as medicines including those prescribed by a licensed health professional authorized to prescribe drugs and any non-prescribed (over-the-counter) drugs, preparations, and/or other remedies, for example cough medicine, cough drops, allergy medication, topical solutions, etc.

Only medication in its original labeled container with the student's name; name of physician; date; name and telephone number of pharmacy; name of medication; dosage; frequency and any special handling and storage directions, will be administered. A form must also be filled out by the physician who prescribed the drug and be on file in the school office. Forms are available in the school office.

It is the responsibility of the parent or legal guardian to instruct the child to report to the principal's office to take the medication at the designated time. A log of medicine administered is kept.

Medication is to be brought by a responsible person to the principal's office for safe keeping. Please do not send with child on the bus.

Before any prescribed medication may be administered to any student during school hours, we must have a written statement from a licensed health professional authorized to prescribe drugs accompanied by the written authorization of the parent. Before any non-prescribed (over-the-counter) may be administered to any student during school hours, we must have **WRITTEN AUTHORIZATION** from the parent or guardian.

The parent or legal guardian is responsible for seeing that the school is supplied with an adequate supply of medication. Any unused medication not claimed by the last day of school each year will be destroyed by school.

INHALERS

Students shall be permitted to keep an asthma inhaler in the classroom or in the office and use as necessary, provided the student has prior written permission from his/her parent and physician and has submitted a signed form of Authorization for the Possession and Use of Asthma Inhalers/Other Emergency Medication(s), to the principal or secretary. Forms are available in the office.

I have read and understand the above.
