

**St. Michael School
PARENT/GUARDIAN RELEASE
SELF-ADMINISTRATION OF MEDICATION**

Archdiocese of Indianapolis Policy Statement 2008-02 recognizes that parents (guardians) have the primary responsibility for the health of their children. Although it is strongly recommended that medication be administered in the home, the health of some children and youth may require that they receive medication or other medical care while in the care of St. Michael's School.

If a (child/youth/student) must take medicine while at St. Michael's School please be advised of the following:

- Parents (guardians) should confer with their medical practitioner to arrange medication intervals to avoid administration of medication outside the home whenever possible.
 - When medication absolutely must be taken at other times outside the home, parents (guardians) shall provide explicit written instructions including, in some cases, instructions as necessary from a medical practitioner regarding the need for medication or specific medical care.
 - Parents (guardians) signing this form are, in most cases, providing written permission for **non-medically trained personnel** to oversee the **self-administration** of medication or necessary routine medical care **by the student** depending upon age and capability.
 - Medical circumstances requiring the direct measuring and/or administration of medications, injections, blood tests, observation of symptoms, specific emergency responses by non-medically trained staff personnel or the possession and use of inhalers or other medical devices, shall be handled on a case-by-case basis according to a specific Individual Health Plan developed and signed by a physician or other health care professional and kept on file for the student.
 - Students are not permitted to carry medications (including analgesics, herbs, enzymes, oils, etc.) on their persons,
- except for inhalers and other medical devices with specific permission. Medications will be secured in the office, or teacher on field trips.
 - All medication is to be delivered and taken home by the parent (guardian) at the end of the medical regimen or school year.
 - All medication is to be taken in the presence of a designated staff member and documented in a confidential log.
 - **No medication** of any kind is to be provided by the school, staff or volunteer personnel.
 - Prescription medication must be in the original pharmaceutically dispensed and labeled container. The prescription label will be considered the written order of the medical practitioner in most cases.
 - Non-prescription medication must be in the original container in which it was purchased. Please provide medicine cups/spoons as necessary for liquid medication.
 - Parents must fill out, sign and date a new form for each medication or to change medication instructions.
 - All medication releases must be renewed at the beginning of each school year.

Please provide specific written instructions below for administration of medication during school.

Name of student	
Name of medication: <input type="checkbox"/> Prescription <input type="checkbox"/> Non-Prescription <input type="checkbox"/> Refrigeration Required	
Diagnosis/reason the medication is to be taken:	
The appropriate dose, method of administration (i.e., by mouth) and specific instructions (i.e., take with food. etc.):	
The time or times of day (hours) medication should be taken in our care:	
The start date and number of days/weeks/months the medication is to be taken:	
Any known side-effects of the medicine and/or symptoms of the condition being treated and known tolerance to medicine:	

I hereby give permission for non-medical staff personnel to oversee self-administration of the medication specified above by my child:

Parent (Guardian) Signature: _____ Date: _____ Emergency Phone Nos: _____