WESTSIDE CHRISTIAN ACADEMY

ADMINISTERING MEDICINE TO STUDENTS
Prescription Medication

In compliance with Ohio law mandating strict policy and procedures regarding the administration of medication in school settings, Westside Christian Academy requires adherence to the following.

If possible, all medication should be given by the parent at home. If this is not possible, parents may come to school to administer medication to their children. **School personnel will be permitted to administer medications only when no alternative is available**.

Before a student may be given prescription medication at school the following must be received:

- The **Medication Authorization form** must be on file in the school office. This form complies with Ohio revised Code 3313.713.
  - Form must be completed and signed by physician/licensed prescriber and parent/guardian
  - Parent/guardian will provide a separate form for each medicine.
  - Parent/guardian will provide a revised form if there is any change in medication, dosage or time of administration.
  - Notes from parents/guardians will not be accepted in lieu of the physician/licensed prescriber's completed request form
  - New request forms will be submitted each school year and my be obtained in the school office
  - **Parent/guardian or other responsible adult must deliver replacement medication to the school office**. **Medication will not be accepted from students.**

- **Medication must be received in the following manner:**
  - Prescription medications are to be in a current prescription bottle labeled by the pharmacist. The pharmacist will provide a bottle for the school upon parent request.
  - It must have a label affixed which includes:
    a) Student's name
    b) Name of medication
    c) Dosage
    d) Frequency of administration
    e) Name and telephone number of pharmacy
  - If a pill is to be cut in ½, it must be cut prior to delivering it to school.

No medication will be administered to a student until all the above requirements are in place.

At the end of the school year or when the medication is discontinued, the parent/guardian may pick up remaining medication within 5 working days. Medication that is not picked up within the allotted time will be discarded.

WESTSIDE CHRISTIAN ACADEMY
23096 Center Ridge Road, Westlake, OH 44145
Phone: 440-331-1300; Fax: 440-331-1301

MEDICATION AUTHORIZATION
For Prescription Medication

NO MEDICATION WILL BE GIVEN UNLESS THIS FORM IS FILLED IN COMPLETELY AND SIGNED BY BOTH PHYSICIAN AND PARENT/GUARDIAN.

STUDENT NAME_____ DATE_____

ADDRESS_____ PHONE:_____

GRADE_____ TEACHER_____

To be completed by Physician/Licensed Prescriber:

NAME OF MEDICATION_____

REASON FOR MEDICATION_____

DOSAGE_____ TIME TO BE GIVEN_____

SIDE EFFECTS OF MEDICATION SCHOOL SHOULD BE AWARE OF_____

_____

SPECIAL INSTRUCTIONS FOR ADMINISTERING MEDICATION AND/OR STORAGE

REQUIREMENTS_____

NAME OF DOCTOR PRESCRIBING MEDICATION_____ _____

DOCTOR'S PHONE NUMBER_____

DOCTOR'S ADDRESS_____

SIGNATURE OF PRESCRIBING PHYSICIAN_____

EFFECTIVE FROM_____ TO_____

To be completed by Parent/Guardian:

I give permission for authorized school personnel to follow the medical instructions requested above for my child _____to receive medication at school according to school policy.

Please regard my signature below as my assurance that I release Westside Christian Academy, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences of or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revisions in the physician's prescription. I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

_____ _____

(Signature of Parent or Guardian) **(Date)**