



# St. Joseph Academy Medication Policy 2011-2012

- **ALL** medications required during school hours **MUST** be listed on the Medical Authorization form and submitted to the Main Office. This includes all over the counter medications (i.e. Tylenol, antacids, cough drops, etc.) and prescription medications (i.e. inhalers, antibiotics, etc).
- St. Joseph Academy **WILL NOT** administer medication(s) unless the parent or guardian completes a Medication Authorization form for EACH medication, along with the medication to be administered.
- ALL medications will be provided by the child’s parent/guardian. St. Joseph Academy will not have medication made available to students.
- **ALL prescription medications** **MUST** be in their original packaging (the pharmacy will give you an extra labeled bottle for your child(ren)s medication upon request) with a current date, the name of the student, name of medication, strength of medication and time to be administered.
- ALL non-prescription medication **MUST** come to the school in its original packaging.
- The Parent /Guardian will be notified if/when a medication is about to expire and/or is in need of refill. *\*Expired medication(s) not claimed by parent/guardian, will be destroyed.*
- The parent/guardian is responsible for claiming unused medication(s) at the end of the school year. Any unclaimed medication will be destroyed after 1 week (you will receive prior notification).
- Please **do not send your child to school with ANY medications on person**. This is for you child’s safety and the safety of others.
- Allowing your child to transport medication(s) is discouraged. This is for your child's safety and the safety of others.

*Known allergies that my child(ren) has (i.e. Red Dye, Aspirin, Nuts, Dairy, etc) Please indicate whether or not your child needs an inhaler, EpiPen, etc. \*Continue on back of form if needed.*

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I, \_\_\_\_\_, have read and understand the Medication Policy and Medical Authorization forms. By signing this document. By signing this document, I agree to adhere to these policies.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_