

SCHROON LAKE CENTRAL SCHOOL

MEDICATION POLICY

For students to receive prescription or non-prescription medication in school, the following criteria **MUST** be met:

- a. The school nurse must have on file a written order from the family physician which indicates the name of the drug, the frequency and time element for administering the medications, the dosage, and possible side effects. This includes over the counter drugs, i.e., Tums, Tylenol, Ibuprofen, Calamine Lotion, cough drops, etc.
- b. The school nurse must have a written request from the parent to administer the medication.
- c. The medication needs to be delivered directly to the school by the parent. The medication must be in a container that clearly indicates the name of the medication, date, name of the child and physician, dosage, and frequency.
- d. No student will have in his/her possession any prescription or non-prescription medication while at school.

Schroon Lake Central School District

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EMERGENCY MEDICATION PROTOCOL

Goal: To ensure that potentially life-saving medications such as (but not limited to) EpiPens and respiratory inhalers are available and in-date for any student that is prescribed one or more of these medications.

Health Office Protocol:

- 1: Life-saving medication will be delivered to the Health Office on the **first** day of school by a parent or guardian, along with the physician order sheet. The medication(s) will be picked up at the end of the school year, again by a parent or guardian.
- 2: Any student that is prescribed a life-saving medication and has written permission from their physician to self-carry and administer are strongly encouraged to have duplicate medication available in the Health Office. This is critical in the event that the student is separated from, or does not have the medication on their person at the time of need.
3. You are strongly encouraged to have any life-saving medication **available and in-date** for your child's use throughout the school year. You will be notified in advance of expiring medications. Thank you for your cooperation.

Prescription and Non-Prescription Medicine in School

A. To be completed by the parent or guardian:

I request that my child _____ DOB _____ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container, and be delivered to the school by myself or a designated representative of mine. It must be picked up at the end of the school year. A new medication order is needed every school year.

Signature (Parent or Guardian): _____

Telephone: Home _____ Work _____ Date _____

B. To be completed by physician:

I request that my patient, as listed below, receive the following medication(s):

Name of Student: _____

Diagnosis: _____

MEDICATION	DOSAGE	FREQUENCY/TIME TO BE TAKEN	ROUTE OF ADMINISTRATION

PRESCRIBER: When ordering EpiPens, please order the **Dual Pack** in the likely event a second dose is needed before rescue squad arrives.

Duration of Treatment:

Possible Side Effects and Adverse Reactions (if any):

Student **may** self-administer: YES or NO Student may **self-carry**: YES or NO

Physician's Signature _____ Date: _____

Address: _____ Phone: _____

- Any student requiring an EpiPen **MUST** have it delivered to the Health Office by the first day of school. This is a lifesaving medication and must be on hand in case of an anaphylactic reaction.

Over the counter medications available at SLCS include: Acetaminophen, Ibuprofen, cough drops, Calamine lotion, Benadryl, Turns, and antibiotic ointment. **Please circle any choices.**