

L A K E H I L L

P R E P A R A T O R Y S C H O O L

Dear Parents,

The health and safety of your children is extremely important to us. We would like to clarify the policies we have in place with regards to the taking of medicine by students while at school. The following are in accordance with Texas laws and guidelines:

1. All medicine must be brought by a parent or legal guardian and will be kept in the Main Office (see #7 regarding inhalers and Epi-Pens). We will not be able to accept any medications brought to school by a student.
2. Prescription and non-prescription medicine must be in the original container. Prescription medicine must be in a container with the pharmacy label for that student.
3. Non-prescription medicines will not be administered in the school for more than fifteen consecutive school days unless otherwise prescribed by a physician. A signed and dated note from the prescribing physician must accompany the medicine.
4. Any prescription or non-prescription medicine must be accompanied by the Medication Authorization form signed by a parent or guardian giving authorized school personnel directions for its administration.
5. **School personnel will not give ANY medicine, including Tylenol, unless it is provided by you, in the appropriate manner as stated above.**
6. Medicines, including non-prescription, will only be given according to the dosing directions on the label.
7. If your child is authorized to self-carry and use lifesaving medications such as an inhaler for asthma or Epi-Pen (as prescribed by physician), then a Contract for Self-Carried Medication Form must be completed and signed by a parent or legal guardian and a physician and kept on file in the Main Office.
8. All medicines, including inhalers and Epi pens, will be destroyed if not collected by a parent or guardian by 4:30 pm on the last day of the school year. No medicines will be held for the following school year.

Please note that “medication” refers only to those products which have been approved by the Food and Drug Administration (FDA) for use as a drug. **Natural or herbal supplements and vitamins will not be given at school.** These restrictions are necessary for protection of the health and safety of your child.

We appreciate your cooperation and assistance with these guidelines. Please do not hesitate to contact me if you have any questions regarding the policies described above.

Sincerely,

Patti Frullo
Assistant Headmaster

Medication Authorization Form

This form **MUST** accompany any medication brought to Lakehill

Prescription Medication

Student's Name _____ Date of Birth ___/___/___

Medication _____ Start Date ___/___/___ End Date ___/___/___

Dosage _____ Times to be given: _____ AM _____ PM

Last dosage given at _____ AM/PM on date ___/___/___ Route (circle): mouth skin eye ear

Possible side effects _____

Special handling/storage instructions _____

Refrigeration required: Yes No

Parent/Guardian Signature (required) _____

Physician Signature (required) _____

Non-Prescription Medication

Student's Name _____

Physician's Name _____ Phone Number _____

Medication _____ Start Date ___/___/___ End Date ___/___/___

Dosage _____ Times to be given: _____ AM _____ PM

Last dosage given at _____ AM/PM on date ___/___/___ Route (circle): mouth skin eye ear

Possible side effects _____

Special handling/storage instructions _____

Refrigeration required: Yes No

Parent/Guardian Signature (required) _____

Physician Signature _____

Unused Medication: Returned to parent: Yes No

Discarded appropriately: Yes No

Administration Signature _____

Date ___/___/___

Contract for Self-Carried Medication

Student _____ Grade _____

Medication _____ Dose _____ Time _____

Medication is permitted in accordance with Lakehill policy. A student's physician must authorize self-carried/administered medication. This includes only emergency medications such as an epi-pen or inhaler. This does not include non-prescription medicines. The student name must appear on the medication container.

Responsibilities for carrying medication (to be completed by Parent/Guardian):

Yes No Medication Authorization Form complete and on-file in Main Office

Yes No Student demonstrates correct use of medication

Yes No Student recognizes proper and prescribed timing for medication

Yes No Student agrees not to share medication with other students

Yes No Student agrees to keep medication in agreed upon location

Yes No Student agrees to report directly to Main Office if having the following symptoms after using the medication:

Please list _____

Yes No Student keeps a second, labeled container in the Main Office

Physician Signature _____ Date _____

Student Signature _____ Date _____

I request that my child be allowed to carry his/her medication and be responsible for its proper storage and use. I will support my child to follow the above agreement and if he/she does not, I will be contacted and we will develop a new plan.

Parent/Guardian Signature _____ Date _____

Phone number _____