

POLICY

The Diocesan Schools Office has formulated a policy concerning the administration of medication during school hours and requires that each school adhere to its policy accordingly. Therefore, I am notifying you of the “Medication Policy” for St. Germaine School. If you have already given medication to our secretary, I ask that you take the necessary steps to comply with this policy as soon as possible.

ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

Medication should be given at home, and physicians should be asked to change the schedule of the administration of medication so that it may be given before and after school hours. However, when medication MUST be administered during school hours, the following procedures must be followed.

1. St. Katharine Drexel School (SKDS) has a secure location for the storage of medication. Students will never be given access to this location.
2. The medication should be delivered to the school by the parent/guardian along with the physician’s written request for distribution by school personnel. Please see Form A which is attached.
3. Medication brought to school must be in a container labeled by a pharmacist or doctor. The label must include the student’s name, physician’s name, date of the prescription, dosage, and frequency of administration. Medication should be in a zip-lock bag.
4. Parents must sign an Indemnity Agreement, which has been prepared by the Legal Office and distributed through the Diocesan School Office. Please see Form B which is also attached.
5. Our secretary has freely elected to accept the responsibility for distributing medication. When possible, she will supervise the student’s self-administration rather than dispensing the medication to the student.
6. A record book will be maintained indicating the student’s name, medication, date and time of distribution, and the identity of the person dispensing medication. This information will be recorded every time medication is dispensed.
7. Non-prescription medication will also only be distributed if Form A and B are submitted by the physician and the parent/guardian.
8. No student may keep medication on their person, except for inhalers.

NOTE: Additional forms may be requested from SKDS, as the need arises. Thank you.

Sincerely,

Mrs. Patricia Bibro
Principal

Form A

PHYSICIAN'S INSTRUCTIONS
CONCERNING MEDICATION GIVEN AT SCHOOL

It is required by St. Katharine Drexel School that the attending physician fill out the following form for all medications to be given during school hours.

Student's Name _____ Date _____

Medication and Dosage

(Date _____ to _____ Date)

Condition for which medication is requested.

Possible side effects.

Physician's Phone Number _____

Physician's Signature _____

Please send the medication to school in the prescription bottle with this form and deliver to:

St. Katharine Drexel School
7001 Baptist Road
Bethel Park, PA 15102
Phone: (412) 833-0223

Thank you.

Form B

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION
AND
AGREEMENT OF RELEASE AND INDEMNITY

We request that school personnel of St. Katharine Drexel School (SKDS) administer medication per attached Physician's Form A to our child _____, according to the direction of our attending physician. In making this request, we acknowledge that we have been advised that no physician will be present or available during the administration of medication, that a school nurse will not be present or available for this purpose, and that medication will be administered by a person with no medical training.

We acknowledge our awareness that the administration of medication under the anticipated circumstances might pose a substantial risk or injury to, including the death of, our child. On behalf of ourselves and our child, we hereby exonerate, release and discharge SKDS and/or parish, the Roman Catholic Diocese of Pittsburgh, and their agents and employees, from any and all claims, causes of action and liability whatsoever in respect of any injury to, including death of, our child which may result at any time in the future, by reason of any action taken, in good faith, pursuant to this request.

We further agree to indemnify, defend, and hold harmless St. Germaine/Nativity parish, the Roman Catholic Diocese of Pittsburgh, and their agents and employees from any suit or proceeding brought to enforce any such claim, cause of action, or liability. We enter into this agreement of release and indemnity voluntarily and without coercion for the purpose of inducing the employees of SKDS to administer medication to our child.

Date

Parent/Guardian

Parent/Guardian
(Signatures of all parents/guardians is required.)

THIS DOCUMENT IS A CONTRACT WHICH AFFECTS YOU AND YOUR CHILD'S LEGAL RIGHTS. YOU SHOULD READ THIS DOCUMENT CAREFULLY. IF YOU DO NOT FULLY UNDERSTAND, YOU MAY SEEK INDEPENDENT LEGAL ADVICE BEFORE SIGNING THIS DOCUMENT.

