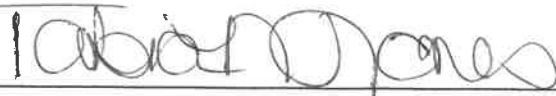


ST. JOSEPH ACADEMY  
(SJA)

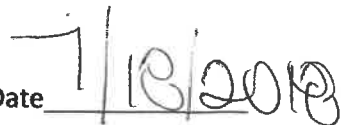
Department:	School
Number:	850.10
Effective Date:	February 1, 2018
Review Date:	
Revised Date:	
Page:	1 of 1

- I. Policy: Medical Dispensation
- II. Procedure:
  - A. The school nurse will administer all student medications.
  - B. In the absence of the school nurse, an office staff member designated by the school nurse, will administer student medications.
  - B. Teachers should not distribute or administer medication to a student.
  - C. If a student is requesting medicine they may speak with school office staff.
  - D. Teachers are expected to make sound judgment in these situations.
  - E. It is always better to be cautious and contact the office immediately.
  - F. Parents must complete and sign the Medical Dispensation form, which includes information about dosages and frequency.
  - G. Parents must also provide original containers for medications. The medication must also be labeled with the child's first and last name, the date, manufacturer's instructions, and/or the original prescription.

Approved by:

  
\_\_\_\_\_  
President/CEO

Date

  
\_\_\_\_\_  
7/18/2018

St. Joseph Academy

Medication Administration

Prior to giving a child medication the parent or guardian must complete the information below. The parent or guardian must also sign and date this form. Teachers are to give this form to the School Secretary when the medication is no longer required or authorized. Log the dates and time medication was administered in the classroom's medical log on the day medication was given. Also complete the information on the back of this form. **The medication must be in its original container, labeled with the child's first and last name, the date, manufacturer's instructions, and or the original prescription. I understand that the medication must be stored in a locked container out of the reach of children.**

Date: \_\_\_\_\_ **\*Please note that this form is only good for six months from the date signed.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Pediatrician Information Name: \_\_\_\_\_ Office Telephone: \_\_\_\_\_

<u>Medication Name</u>	<u>Dosage</u>	<u>How to administer :</u>

**To ensure that medication is administered according to the directions listed on the reverse side of this document, staff must document on the form each time medication is administered. Staff must also initial, and fill out all the boxes, when the child is administered the medication.**

**Authorization:** I hereby authorize the administration of the above medication(s) to my child by the staff of St. Joseph Academy.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

St. Joseph Academy  
Medication Administration

**The Five "Rights" of Medication Administration:**

- 1) I gave medication to the right child
- 2) I gave the right medication
- 3) I gave the child the right dose
- 4) I gave the medicine at the right time
- 5) I administered the medication according to the method authorized by the child's pediatrician.

<u>Date</u>	<u>Medication</u>	<u>Dosage</u>	<u>Time</u>	<u>Quantity</u>	<u>Child Refused</u>	<u>Staff Initials</u>

By initialing and completing the above boxes I certify that I have followed the Five "Rights" of Medication Administration.  
Staff's Signature: \_\_\_\_\_ Date: \_\_\_\_\_