



PENINSULA CATHOLIC HIGH SCHOOL

Medication Approval From

The administration of medication is a serious matter. It is our intent and our responsibility to do this in an accurate, safe, and sensitive manner. Using the 7 rights of medication administration: Right Medication, Right Student, Right Dose, Right Time, Right Route, Right Reason, and Right Documentation. We ask that you please try to keep medication use to a minimum during school hours. If at all possible, please give medications before or after school. We realize this is not always possible, therefore, in order for us to administer medication, parents must:

1. Have a current **Medication Approval Form** completed and on file in the School Clinic. **NO MEDICATION WILL BE GIVEN UNTIL APPROPRIATE DOCUMENTATION IS IN PLACE.**
2. Have the medication in a pharmacy-dispensed container labeled with student name, name of medication, date the prescription was filled, dosage, and directions. The labeled bottle and the medication form must match. If the same medication is to be given for the entire school year, the physician only needs to sign the form once. **If there is a change in prescription, a new form and new label must be provided.**
3. EXCEPTION: Parents may send a note requesting the school to administer a short-term (**no longer than 10 days**) prescription medication, such as an antibiotic. The medication label must be current as this will act as the Physician's order. Note: Ask the Pharmacy to supply an extra labeled bottle one for home and school.
4. If a physician orders a non-prescription medication (Over the counter (OTC) such as Tylenol, Motrin, Advil, etc.) we must have the Medication Approval Form Completed. It is the Parent(s)/ Guardian(s) responsibility to provide an unopened package/bottle to the clinic labeled with the student's name. **Unless Otherwise noted by the physician, non-prescription medication orders will not exceed 30 days.**
5. Parents should transport all medication to school. This helps to keep track of all medication and protects the safety of ALL students. If this causes undue hardship, the parent must make alternate arrangements approved by the nurse.
6. **Virginia Asthma Action Plan and Life-Threatening Allergy Management Plans (LAMP)** are accepted in lieu of this form. **Inhalers and EpiPens** may be kept with the student after proper documentation is provided to the clinic showing physician and parent approval. If **benadryl** is required to be carried with the EpiPens it can only be in punch packs and must be documented on the LAMP form.
7. **All unused or discontinued medication must be removed from School before the last day of school. All medication left will be disposed of accordingly.**

Below are some examples of things we cannot do:

- **We cannot give a child medication from a sibling's container.**
- **We cannot provide a "dose" that is normally given at home but was forgotten. Unless the physician's order states it, we are unable to honor this request. Parents will need to come to the school to administer such medication.**
- **We cannot vary a dosage without a new Medication Approval Form**

We appreciate your continued support in helping us to provide the safest possible care for your student. For any questions regarding this form, please contact the clinic at (757) 596-7247 ext. 104.

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Student Name: _____ Grade: _____

Medication: _____

Tablets/Capsules/Liquid: _____ Dose: _____

Time to Administer: _____

Reason for Medication: _____

Any Expected Reactions: _____

Duration of this order: ☐ 30 Days ☐ School Year: _____ ☐ Other: _____

EpiPens and Inhalers are the only approved self carry medications with Physician Approval.

Doctors Name: _____

Address: _____

Phone: _____

Doctor's Signature: _____ **Date:** _____

Parent/ Guardian: _____

Student Relationship: _____

Amount of medication provided: _____ To begin taking on: _____

Signature: _____ **Date:** _____

Received by: _____ Date: _____

Amount of medication returned: _____ **Date:** _____

Signature School Personnel: _____

Signature Parent/ Guardian: _____

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