



MEDICATION POLICY

1. All prescription and non-prescription medication must be administered by authorized personnel, through the school office. Medicine will be administered after receiving a completed School Medication policy Acknowledgment form from the parent or guardian.
2. Prescription Medication must be brought to the school office by an adult. The medication must be in its pharmaceutical container, which is clearly marked with the child's name, physician's name, dosage, and specific administration instructions. Such medications will be administered after receiving a completed School medication Treatment Authorization form.
3. Non-prescription Medication must be brought to school office by an adult. It should be in a container clearly marked with the child's name, the name of the medication, and the specific dosage information. Such medication may be administered only after receiving a written request from the parent or guardian.
4. Medicine shall be kept in a secure location which is not accessible to students. The parents must immediately report, in writing, any change in prescription or dosage.
5. Medications are to be administered by authorized office personnel only. Supervision must be provided when the child takes medication.
6. A log will be kept on all medication given. The log will indicate the child's name, name of medication, dosage given, date given, and name of person administering medication.
7. Parents and/or the child's doctor will be notified immediately if medicines are used for illnesses which may require emergency treatment such as for severe allergic reaction or asthma attacks.
8. Any non-aspirin, non-prescription pain reliever, not provided by the parent, may be administered only if authorized by the parent or guardian on this child's emergency contact form. For the safety of all students, students with asthma, diabetes, seizure medication and epineurium injectors will not be able to keep medications with them during the school day, unless there is written authorization from the child's physician, indicating that the authorization would need to be on file before the child would be allowed to have the medication with them during school hours.
9. The school and school personnel incur no liability for injuries occurring when administering asthma medication, an epineurium auto-injector, or an opioid antagonist.

I, the parent or legal guardian of _____, do hereby acknowledge that I have read and understand the school medication policy, as printed in the current edition of the Salem Lutheran parent/student handbook.

Parent/Guardian Signature: _____ Date: _____