

July 2016

Dear Parents,

Attached you will find the medication authorization form for the 2016-2017 school year. Please read carefully and note the following:

The enclosed form must be completed if your child is regularly taking prescription medication **either at home or at school**. One form must be completed for each prescription medication. It is imperative that we be aware of what medications a student may be taking at home in order to best serve you and your child. Additional forms can be obtained from the school or on the website.

For any medication that needs to be administered at school, the prescription medication must be brought to school by the parent/legal guardian in the labeled container provided by the physician/pharmacist. All medications will be kept in a locked box in either the middle school or upper school office.

Please remember that at St. George's, Tylenol and Benadryl are not available to students upon request. For those students subject to headaches or allergy-related complaints, it will be mandatory that the parent/legal guardian provide the over-the-counter medication and complete the appropriate medical forms authorizing its use. The label on the over-the-counter medications shall include:

Student's name  
Name of medication  
Dosage and times administered  
Physician's name and phone number

No self-administering of medication will be permitted. In most instances, the school office will be responsible for overseeing the administration of the medication. Medication requiring special circumstances will be handled accordingly.

Please return the attached forms in an envelope to the Welcome Desk at the Collierville campus. With your continued cooperation and support, we can better serve your children and uphold their safety while at school. If you have any questions or concerns, please contact your division director.

Sincerely,

Traci Osterhagen Brock, Middle School Director  
Tom Morris, Upper School Director

Attachments

**St. George's Independent School  
Medication Policies and Procedures**

I. Supervision of Medications

A. Forms Required on File

1. If your child is regularly taking prescription medicine either at home or school, it is mandatory that the parent/legal guardian completes the appropriate medical forms.
2. No medication can be administered until the appropriate forms have been completed and are on file at school.
3. The school reserves the right not to administer certain medications.

B. Medication Storage

1. Medication shall be securely stored in a locked box monitored by St. George's faculty/staff and kept in an appropriately labeled container provided by the physician or pharmacist.
2. Container and label are not the responsibility of the school, but of the parent/legal guardian, pharmacist, or physician. The label shall include:
  - Student's name
  - Name of medication
  - Dosage and time administered
  - Physician's name and phone number

C. Daily Record - A daily log will be kept of all medications supervised by the faculty/staff, the amount given and the time dispensed.

D. Medication Transport - All medication must be brought to the school by the parent/legal guardian and must be picked up at the end of the medication period or school year, whichever is earlier.

E. Written Changes in Medical Administration - A Medication Change Request Form can be obtained from the school.

F. New Forms Annually - New Medication Authorization forms must be completed by the parent/guardian each year.

II. School's Purpose

We at St. George's desire to help your child in every way possible. We can best serve your child if we work together as a team. Please sign below to indicate you understand the medication policies. If you have any questions, do not hesitate to call your child's Division Director.

III. Verification

I have read the above and understand St. George's Independent School Medication Policies and Procedures.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Parent/Legal Guardian

\_\_\_\_\_

Date



## SCHOOL MEDICATION RECORD: 2016-2017

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Time: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_

AUGUST	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
SEPTEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
OCTOBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
NOVEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
DECEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
JANUARY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
FEBRUARY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
MARCH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
APRIL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
MAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES

AB: Absent    PN: Parent Notified    MDM: Med does not match    WH: Withheld    D: Dismissed    H: Holiday