## The Catholic Diocese of Wichita Guideline 317-T for the Administration of Medication at School

This policy applies to all prescription and over-the-counter drugs, natural and homeopathic remedies and food supplements.

A written note signed by a doctor or dentist requesting that the medication be given during school hours must accompany all medications and include the following: name of student, name of medication, dose amount and time to be given, and the anticipated number of days the medication will be taken at school.

A written request for the medication to be given at school, signed by the parent, must accompany all medication.

The medication must come in an official prescription container or the original over-the-counter packaging. It is the parent's responsibility to supply the medication and assure that it is the same as identified on the label.

Parents must certify that the student has received at least one dose of the medication and has not had an adverse reaction to it.

Any changes in the type of drug, dosage or time of administration must be accompanied by new parent and physician permission signatures and new or newly labeled containers.

Annual renewal is required.		

## FORM 317-T REQUEST FOR MEDICATION TO BE ADMINISTERED DURING SCHOOL ATTENDANCE

REQUES	ST FOR MEDICATION TO BE ADMINISTE	RED DURING SCHOOL ATTENDANCE		
Name of student		Date of Birth		
Medication		Dose		
Time of day to be g	iven	Reason for medication		
Anticipated number	of days to be administered			
	May self-carry inhaler or EpiPer	n Yes No		
date	signature of doctor or dentist, PA or ARNP	name printed		
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I understand that it who administer any physician's assistant adverse drug reaction	is my responsibility to furnish this medically drug to my student in accordance with t, or advanced registered nurse practitioner on suffered by the student because of the accordance with the accordance	to take the above medication at school as ordered. ation. I further understand that school employees written instructions from the physician, dentist, shall not be liable for damages as the result of an administration of such drug. I certify that the child equested above and has not had an adverse reaction		
date	signatur	signature of parent or guardian		