



Dear parents

Re : Arrangement on Drug Administration

To better manage our medical service to your child, the following procedures regarding medication being brought to and administered in school will take immediate effect. Medication refers to routine medicines administered orally (tablets or liquid), ointments/creams or sprays.

We encourage parents and physicians to minimize the prescribing of medication to be taken during the school day. Medications will be expected to be given before and after school hours when possible.

However, if your child requires medication in school please adhere to the following guidelines:

1. A request must be received from the parent or guardian in writing.
2. If the medication was prescribed by a doctor, a note should be received to the effect that it is necessary for the child to take medication during school hours. The note should give clear instructions concerning the required dosage.
3. **Any** medication should be brought to school by the parent or parent's representative. It should be delivered personally to the school nurse/school health professional, class teacher or welfare (or medical) assistant. **The medication should not be given to the bus escort.**
4. Medications must be clearly labelled with contents, owner's name and dosage.
5. A completed Medication Authorization Form (see next page) must be submitted to the school before the medication can be administered. For your future reference, the Medication Authorization Form is available on ESF website.
6. Medication will not be sent home with a child. Where there is an excess of medication sent, these must be collected from the school by an adult.
7. The school does not assume responsibility for any reactions that may occur following administration of medication sent from home, nor can there be any responsibility assumed if the parent does not send sufficient medication.

To protect your child, we will NOT prescribe/provide drug/medication to your child.

We ask that all parents follow the procedural guidelines for the safety of everyone in our school community.

Thank you for your support.

Yours sincerely

David Fitzgerald
Principal



Medication Authorization Form

I, _____, parent/guardian of _____
(parent's/guardian's name) (child's name and class)

hereby authorize the Clearwater Bay School to administer the following medicines:

Name of Medicines*:

* the name of medicine, date (prescribed by doctor within 7 days), student's name, dosage and route of administration should be marked clearly on each medication bag/bottle.

Signature of Parent/guardian _____ Date _____