



2011-2012 Administration Medication Policy

The Ohio General Assembly has enacted legislation (O.R.C. 3313.713) requiring school boards to adopt policy regarding the administration of prescribed and over-the-counter medications. If at all possible, medication should be given by the parent at home. At times students can only attend school through the effective use of medication in the treatment of disabilities or illnesses.

VCA personnel will only give medication at school when it is ABSOLUTELY NECESSARY. Ask your doctor to give your child medication times that DO NOT include school hours whenever possible. It is the parent's/guardian's responsibility to ASK the doctor for the specific times that do not include school hours.

The following guidelines must now be followed by parents of all students taking medication:

1. All school personnel must be informed that the administration of any drug without the order of the physician and permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.
2. Written request must be obtained from the physician and the parent/guardian before any prescribed medication may be administered by school personnel. The request must include instructions as to the name of the medication, dosage, time and duration of medication, and possible side effects.
3. Medication must be received in the container in which it was dispensed by the prescribing physician or licensed pharmacist. An affixed label must include the student's name, name of medication, dosage of administration and time. Ask for two bottles if medication must be given at school.
4. A new request form must be submitted for changes in medication order or for the administration of new medications.
5. Whenever possible, the medication and signed permission form must be brought to the school by the parent/guardian.
6. All medication must be picked up by a parent at the end of the school year or it will be disposed of.

In order to comply with the above law, Valley Christian Academy requires that the Physician and Parent Request form be completed by both the parent/guardian and the physician for all prescribed and over-the-counter medications.

The medication must be received in the original container. An affixed label must include the student's name, name of medication, dosage, route of administration and time to be administered. (Again, we give medication only when absolutely necessary.)

If you need additional forms, please notify the clinic.



Physician and Parent Request for the
Administration of Medication by School Personnel

Student _____ Grade/Class _____

Address _____

City/State/Zip _____

Name of medication and dosage _____

Times of day to be administered _____

Number of times/intervals medication is to be administered _____

Date to begin medication ____/____/____ Date to end medication ____/____/____

Adverse/severe reaction should be reported to physician _____

Special instructions
for administration of medication _____

This medication can be safely administered by non-medical personnel. Yes No

It is impossible to arrange for this medication to be taken at home;
therefore, it must be administered during school hours. Yes No

This student is under my care. It is not possible to arrange for this medication to be taken at home and under the supervision of a parent, and therefore it must be taken during school hours.

Physician's Printed Name _____ Telephone _____

Physician's Signature _____ Date _____

Please regard my signature below as my assurance that I release Valley Christian Academy, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the physician's prescription. I have had the opportunity to ask questions. They have been fully answered to my satisfaction.

Parent's Printed Name _____ Telephone _____

Parent's Signature _____ Date _____