

**Liberty-Perry School Corporation**

**MEDICATION DROP-OFF AND PICK-UP POLICY**

The student's parent must drop off all medications that are to be administered at school or an adult designated by the parent. We realize that sometimes with parents' work schedules, this is almost impossible to accomplish, but it is for the safety of the children that medications are not floating around on the buses. If you find this is an impossible task to accomplish, please call the school nurse to make other arrangements.

All medication must be picked up at the end of the school year by the parent or an adult designated by the parent. It can be picked up the last week of school between the hours of 8 a.m. and 3 p.m. **ALL MEDICATION LEFT AT THE SCHOOL WILL BE DISCARDED.**

## MEDICATION POLICY

This is a reminder of the medication policy for Liberty-Perry Community School Corporation. This policy is based on Indiana state statutes. This policy can be found in the student handbook for Selma Middle School and Wapahani High School. The policy is in effect for all grades, K-12.

This reminder is going to you parents because of the increased amount of over-the-counter medications being brought in to each school within the corporation.

NO MEDICATION SHALL BE ADMINISTERED TO A STUDENT WITHOUT THE WRITTEN AND DATED CONSENT OF THE STUDENT'S PARENT/GUARDIAN. THE CONSENT OF THE PARENT SHALL BE VALID ONLY FOR THE PERIOD SPECIFIED ON THE CONSENT LETTER AND IN NO CASE LONGER THAN THE CURRENT SCHOOL OR PROGRAM YEAR. ALL NONPRESCRIPTION MEDICINE TO BE ADMINISTERED TO A STUDENT MUST BE ACCOMPANIED BY A STATEMENT DESCRIBING THE MEDICINE, THE DOSAGE, AND THE TIME FOR IT TO BE ADMINISTERED TO THE STUDENT. ALL PRESCRIPTION MEDICINE, INCLUDING INJECTABLE MEDICINE, AND ALL BLOOD GLUCOSE TESTS BY FINGER PRICK, TO BE ADMINISTERED TO A STUDENT MUST BE ACCOMPANIED BY A PHYSICIAN'S PRESCRIPTION, A COPY OF THE ORIGINAL PRESCRIPTION, OR THE PHARMACY LABEL. IF THE MEDICATION IS TO BE TERMINATED PRIOR TO THE DATE ON THE PRESCRIPTION, THE WRITTEN AND DATED CONSENT OR WITHDRAWAL OF CONSENT OF THE PARENT IS REQUIRED. THE WRITTEN CONSENT OF THE PARENT AND THE WRITTEN ORDER OF THE PHYSICIAN SHALL BE KEPT ON FILE.,

NO STUDENT SHALL BE ALLOWED TO KEEP MEDICINE AT SCHOOL. ANY MEDICINE TO BE ADMINISTERED TO A STUDENT SHALL BE BROUGHT TO EITHER THE PRINCIPAL'S OR SCHOOL NURSE'S OFFICE WHERE IT WILL BE KEPT IN A SECURE PLACE.

MEDICATION SHALL BE ADMINISTERED IN ACCORDANCE WITH EITHER THE PARENT'S STATEMENT (IN THE CASE OF NONPRESCRIPTION MEDICINE) OR THE PHYSICIAN'S ORDER (IN THE CASE OF PRESCRIPTION MEDICINE) ONLY BY SCHOOL NURSE OR OTHER EMPLOYEE, OR TRAINED INDIVIDUAL DESIGNATED IN WRITING BY THE SCHOOL PRINCIPAL. ALL ADMINISTRATION OF MEDICINE SHALL BE DOCUMENTED IN WRITING. ANY DESIGNATED EMPLOYEE WHO IS RESPONSIBLE FOR ADMINISTERING INJECTABLE INSULIN OR A BLOOD GLUCOSE TEST BY FINGER PRICK SHALL RECEIVE PROPER TRAINING AND SUCH TRAINING SHALL BE DOCUMENTED IN WRITING.

Legal Reference: IT 20-1-1-6  
IT 20-1-6-2.1  
IT 34-4-16.5-3.5  
511 IAC 7-6-7

WAPAHANI HIGH SCHOOL

**Prescription Drugs**

Medication forms must accompany all medication brought to the school, by the parent, with **ALL** blanks completed.

Name of Student \_\_\_\_\_  
Drug to be given \_\_\_\_\_  
How many tablets \_\_\_\_\_ every \_\_\_\_\_ hours  
Dates to be given \_\_\_\_\_  
Date to discontinue \_\_\_\_\_  
Reason to be given \_\_\_\_\_  
Dr. prescribing \_\_\_\_\_  
  
Parents Signature \_\_\_\_\_  
Date signed \_\_\_\_\_  
Additional notes \_\_\_\_\_

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WAPAHANI HIGH SCHOOL

**Non-prescription Drugs**

Medication forms must accompany all medication brought to the school, by the parent, with **ALL** blanks completed.

Name of Student \_\_\_\_\_  
Drug to be given \_\_\_\_\_  
How many tablets \_\_\_\_\_ every \_\_\_\_\_ hours  
Dates to be given \_\_\_\_\_  
Date to discontinue \_\_\_\_\_  
  
Parents Signature \_\_\_\_\_  
Date signed \_\_\_\_\_  
Additional notes \_\_\_\_\_