



# Immaculate Heart of Mary School

1955 ~ 2008 Over 50 Years of Catholic Education

*U. S. Department of Education*

*2004 No Child Left Behind Blue Ribbon School*

7800 Beechmont Avenue, Cincinnati OH 45255

513/388-4086 FAX 513/388-3026

[www.ihomschool.org](http://www.ihomschool.org)

Dear Parent(s)/ Guardian(s),

To comply with state law, the Administration of Prescription/Non-Prescription Medication, Herbs and Supplements form must be filled out and **signed by the attending physician** for any medication, herb or supplement prescribed or non-prescribed (including aspirin acetaminophen, eye drops, cough drops etc.) to be administered to your child at school during school hours. All medicine, herbs, supplements, **either prescribed or non-prescribed**, must be brought to school in the **original container by a parent or guardian**. The state law recommends medication should be taken at home whenever possible. (Refer to the School Handbook)

Medication will be administered by the school health aide or persons authorized by the principal of Immaculate Heart of Mary School, **only if this form has been completed and signed by a physician and is on file** in the school health office.

If there are any changes in the type of medication, the dosage of medication, or the time the dosage is to be given to your child, a new form must be filled out or a note from your doctor is required stating changes. The changes will be attached to the existing form.

Thank you for your cooperation.

Sincerely,

Joan Jasper  
Health Aide

**IMMACULATE HEART OF MARY SCHOOL**  
**PARENTAL AUTHORIZATION AND RELEASE\PHYSICIAN'S REQUEST FOR THE ADMINISTRATION**  
**OF PRESCRIPTION AND/OR NON-PRESCRIPTION MEDICATION, HERBS AND SUPPLEMENTS BY**  
**SCHOOL PERSONNEL**

**I/We are the parent(s)/guardian(s) of:**

**Student:** \_\_\_\_\_ **Grade/H.R.:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

The above named child is a student at Immaculate Heart of Mary School. I/We recognize that it is my/ our responsibility to administer any medication that my/our son/daughter may require during school hours. I/We hereby authorize and request Immaculate Heart of Mary School and any of its designated employees to administer the following medications to my/our son daughter. I will deliver the medication to school and submit to school personnel a revised statement signed by the prescribing physician if any of the information provided by the physician changes.

It is necessary that the above named student take medication during school hours. I will notify the school in writing if the medication, the dosage or the procedure is to be changed or eliminated.

**Name of Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Time of Day:** \_\_\_\_\_ **Beginning Date:** \_\_\_\_\_ **Ending:** \_\_\_\_\_

**Possible adverse reaction(s): (Report to Physician if observed)**

\_\_\_\_\_  
**Instructions for administration, storage and sterile conditions:**

\_\_\_\_\_  
**Name of Physician:** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_

**Physician's Phone:** \_\_\_\_\_ **Emergency #** \_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_

In consideration for Immaculate Heart of Mary School and its designated employees and employees of Forest Hills School District assigned to Immaculate Heart of Mary School administering the prescribed medication to my/our son/daughter as I/we are unable to do so during school hours, I/we in behalf of ourselves and our heirs, administrators, executors, successors, assigns and our child, do hereby fully, and forever release, acquit and discharge the Immaculate Heart of Mary School, Forest Hills School District and the employees of both Immaculate Heart of Mary School and Forest Hills Schools who administer the prescribed medication from any and all liability, actions, causes of actions, claims and demands of whatever kind or nature that I/we may have in behalf of myself/ourselves and my/our named child on account of any and all injuries, losses and damages which my/our named child may sustain from the administration of the prescribed medication or any injury or damages that may result from my/our child's failure to take the prescribed medication as administered by an employee of the School.

I have read the policy on the administration of prescription and/or non-prescription medication in the Student Handbook.

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
**Signature of Father/Legal Guardian**

\_\_\_\_\_  
**Signature of Mother/Legal Guardian**

**Received by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MEDICATION CANNOT BE ADMINISTERED UNTIL COMPLETED FORM IS RETURNED.**

**IMMACULATE HEART OF MARY SCHOOL**  
**ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS, HERBS AND SUPPLEMENTS**

- A. Parents/Guardians will request that, whenever possible, physicians provide for medication, herbs or supplements to be given to students at times other than school hours.
- B. If medications, herbs or supplements must be given during school hours, parents/guardians are encouraged to come to school to administer the medication, herb, supplement to their child(ren).
- C. The school health aide, principal or his/her designee are the only authorized personnel by Immaculate Heart of Mary School to administer medication, herbs or supplements or perform medical procedures.
- D. In the event that medication, herbs or a supplement must be administered to a student by other than a qualified physician, private nurse, or the student's parents/guardian during normal school hours, or while the student is on school premises, participating in or attending school functions, the following procedure shall be followed:  
(Note to Parents/Guardians: Child using inhaled medications, see Use of Inhaled Medications in School, Child with an EpiPen Autoinjector, see Student Possession and Use of an Epinephrine Autoinjector)
1. Parents/Guardians shall sign an authorization and release for administering medication, herb or supplement. The authorization and release form must be signed by the prescribing physician and on file in the Health Office before school personnel can dispense medication, herb or supplement.
  2. All prescription medication to be taken at school must be given to the person(s) authorized to dispense it, in the original container dispensed by the prescribing physician or licensed pharmacist. The medication, herb or supplement must be delivered to the school by a parent/guardian. Students are not permitted to transport any medication, herb or supplement.
  3. Non-prescription medication, herb or supplement must also be accompanied by a release from the parent/guardian indicating a description of the medication, herb or supplement and instructions for administration. The release form must be signed by a physician for non-prescription as well as prescription medications, herb or supplement. The medication, herb or supplement must be delivered to the school in an original container by a parent/guardian. Students are not permitted to transport any medication, herb or supplement unless it is a rescue medication and procedure has been followed.
  4. The medication, herb or supplement to be taken by students will be kept in a locked receptacle in the health/school office, except if it requires refrigeration. Refrigerated substances will be placed in a refrigerator not used by students. EpiPen Autoinjectors are kept unlocked for easy access.
  5. The school health aide, principal or his/her designee will administer/dispense the medication to students in accordance with the physician's instructions.
  6. The student is required to take prescription and non-prescription medication, herb or supplements in the presence of the school health aide or authorized personnel.
  7. Each time medication, herb or supplement is administered to a student, a record of that fact shall be maintained by the employee administering the substance on the "Medication Log."
  8. It is the student's responsibility to report to the health office or other designated area to receive medication, herb or supplement.

IMMACULATE HEART OF MARY SCHOOL  
ADMINISTRATION OF PRESCRIPTION/NON-PRESCRIPTION, MEDICATION, HERBS, SUPPLEMENTS

USE OF INHALED MEDICATIONS IN SCHOOL

Immaculate Heart of Mary School Staff recognizes that students with asthma frequently have a sudden onset of symptoms from a variety of causes. Often an asthma attack can be prevented or treated by inhaled medications. For some students to function normally at school, these prescribed medications must be readily accessible to them. Ohio law H.B. 121 allows students to carry their own (MDI or DPI) inhalers. The law places responsibility for asthma rescue with the student. The law states there must be practitioner permission and the name of drug, dose, start and end dates and indications for the inhaler must be given to the school health office and/or principal. The law also calls for written instructions of what to do if the drug fails to stem the attack and emergency numbers to contact the physician and family. Our policy on the use of inhaled medications in the school setting is as follows:

- A Parental Authorization and Release/Physician's Request for the Administration of Prescription and/or Non-Prescription Medication or Herbal Supplements by School Personnel form must be on file in the Health Office.
- An Individual Emergency Care Plan (IECP) must be completed, signed by a physician and be on file in the Health Office. Parents should contact the Health Aide at 388-3023 to set up an appointment to review the plan.
- It is recommended a student be responsible for their own inhaler and its use. It is their responsibility to have their inhaler accessible at all times. This includes classrooms, recess, lunch, field trips, tornado and fire drills, etc.
- Students who require monitoring/assistance with their inhaled medication may have their medication stored in a locked area in the Health Office. Non-medical staff designated by the building administrator will administer the medication if the school health aide is not available.
- It is the parent's responsibility to educate their child concerning the appropriate use of rescue inhalers, including how many puffs and how often.
- It is recommended the student wear some type of medical alert jewelry
- It is the parent's/guardian's responsibility to notify the appropriate transportation district of their child's condition and IECP.

IMMACULATE HEART OF MARY SCHOOL  
ADMINISTRATION OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS

**STUDENT POSSESSION AND USE OF AN EPINEPHRINE AUTOINJECTOR**

According to Ohio Revised Code (ORC) 3313.718, a student may possess and use an epinephrine autoinjector to treat anaphylaxis, if all of the following conditions are satisfied:

- The school must obtain written permission from both a medical prescriber and student's parents(if student is a minor)  
The form is available on the school website.
- The school must provide copies of written notice to the principal/school nurse/health aide
- The school must obtain a backup dose of the medication from parent/guardian
- In the event student or school employee administers medication, emergency medical service provider must be called
  
- An Individual Emergency Care Plan (IECP) must be on file in the Health Office. The plan must be signed by a physician and reviewed with the Health Aide/parent/student.
- If a student has all requirements met and chooses to carry the epinephrine autoinjector, it is the student's responsibility to have the medication available at all times. This includes classroom, specials, cafeteria, recess, fieldtrips, etc.
- It is recommended the student wear some type of medical alert jewelry
- It is the parent's/guardian's responsibility to notify the appropriate transportation district of their child's condition and IECP.

Immunity to school districts and employees who act in good faith in either rejecting use or permitting use of injectors at school is provided by Ohio Senate Bill 164;ORC 3313.718.