

**WHSD GUIDELINES FOR MEDICATION ADMINISTRATION**

The Westmont Hilltop School District will cooperate with parents and their medical practitioners in giving prescribed medication when these must be taken during school hours in accordance with WHSD board policy # 210. Ideally, all medication should be given at home. It is also recognized that at the present time, many students are able to attend regular school because of the effectiveness of medication in the treatment of chronic disabilities and illnesses. However, any student who is required to take medication during the regular school day must comply with school regulations. These regulations include the following:

**ALL Prescription and Non Prescription** medications will be administered by the school nurse or licensed medical practitioner under the following conditions:

1. Upon written request from the physician to the school nurse/licensed practitioner that medication be administered to the student. Included in the request must be the name of the student, name of medication, dosage and frequency of administration. Please complete this form and return it with the medication for administration to the school nurse.
2. Parental or guardian written request that medication be administered as prescribed in physician's statement.
3. All medication must be in the original prescription (or over-the-counter container) with current date and name of the student on the bottle. Please ask your pharmacist to make up a second bottle with the prescription label attached so it may be kept at school. A refrigerator is available if needed.
4. **All medication must be brought to the nurse's office or main office by a parent or responsible adult**, with the exception of inhalers, Epi Pens or insulin for which the student has a doctor's order to carry. No medication is to be kept in the student's possession or locker.
5. All medications should be picked up from the nurse's office at the end of the school year by a parent or responsible adult; otherwise it will be discarded. Please contact the school nurse to make these arrangements.

For questions or concerns please contact the school nurse:

<b>Joan Ponzurick RN</b>	<b>Elementary School</b>	<b>255-8771</b>	<b>FAX 255-3554</b>
<b>Peggy Antolik RN</b>	<b>Jr Sr High School</b>	<b>255-8741</b>	<b>FAX 255-2704</b>

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\_\_\_\_\_ in grade \_\_\_\_\_ was prescribed the following medication that must be administered during school hours.

Name of medication \_\_\_\_\_  
Purpose of medication/diagnosis \_\_\_\_\_  
Prescribed dosage \_\_\_\_\_ Time schedule \_\_\_\_\_  
Allergies \_\_\_\_\_ Discontinuation date \_\_\_\_\_  
Possible side effects/Curtailment of school activity \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician      Date

\_\_\_\_\_  
Signature or Parent/Guardian      Date