

ADMINISTRATION OF MEDICATION POLICY

Continued concern for the health and safety of your child at Salvaggio Academy has prompted a change in the medication distribution policy and procedure. If your child needs to take medicine in school, prescription or *over-the-counter, the procedure is as follows:

As a provided service, medication including over-the-counter medication will be administered to students in the
regular school setting and only in circumstances when the child's health may be jeopardized without it.
Written authorization, signed by the physician, psychiatrist, or dentist (original or by fax) and the parent, legal
guardian, or emancipated student must be provided for each separate prescription or medication being
administered to each student.
If dosage is changed, new written authorization is required.
Authorization will terminate with the expiration date of the prescription or at the end of the school year, whichever
occurs first.
If the medication is discontinued, the parent or legal guardian must notify the school nurse in writing.
Medication must be delivered to the school nurse by the parent, legal guardian, authorized adult designee or
emancipated student in the original medication container.
Students are not to have medication in their possession at any time per the school drug and alcohol policy except
when a physician authorizes a self administered emergency medication.
It will be the responsibility of the parent or legal guardian to make arrangements for administration of medication
during activities away from school.
Medication sent to school in violation of this policy will not be administered to a student.

*Over-the-counter: Does not apply to cough drops, but does include aspirin, Tylenol, herbal supplements, Ibuprofen, and antacids, etc., in which case a one school year standing order from the child's personal physician will be accepted.



INFORMATION REQUIRED TO ADMINISTER MEDICATION

Medications will be given in school only in exceptional circumstances when the child's health may be jeopardized without it. A medication authorization form from the prescribing doctor or dentist shall be required. This statement shall include the name of the medication, the dose, the time to be given and possible reaction if any. Parent signature is also required.

This procedure must be followed for prescription as well as over the counter medications.

The medication must be brought to school in the prescription bottle or box marked with the following information:

- Name of student
- Name of physician
- Name of medication
- Time to be given
- The dosage

If this procedure is not followed, the medication will not be given.



AUTHORIZATION FORM ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS

Salvaggio Academy requires a physician's / psychiatrist's / dentist's written order and a parent's / legal guardian's authorization for the school nurse, or in her / his absence the designee, to administer medications. Medication must be in the original medication container.

PHYSICIAN'S / PSYCHIATRIST'S / DENTIST'S ORDER

Student's Name	Date of birth	Grade	
The student should receive the following medication participation in the school program.	n during school hours in	n order to maintain sufficient h	ealth and
CONDITION FOR WHICH MEDICATION IS BEING	ADMINISTERED:		
Medication:			
Prescribed Daily Dosage:		· · · · · · · · · · · · · · · · · · ·	
Time & Dosage To Be Given In School:			
Duration:			
Possible Side Effects:		· · · · · · · · · · · · · · · · · · ·	
PHYSICIAN'S / PSYCHIATRIST'S / DENTIST'S NA Address		Phone Number	
Signature of Physician / Psychiatrist / Dentist		Date	
TO BE COMPLETED BY THE PARENT OR GUAR	RDIAN:		
TO BE COMPLETED BY THE PARENT OR GUAR AUTHORIZATION BY PARENT/LEGAL GUARDIA			
	AN	re the above medication durin	a school

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/ psychiatrist / dentist named above.	aggio Academy school staff to communicate directly with the physician chool staff to exchange health-related information with the				
above-named Physician.	chool stall to exchange health-related information with the				
	old harmless Salvaggio Academy, its agents, and employees from any onnection with administration of the above medication to my child.				
We (I) have read and agree to follow the pr procedure.	ocedures set forth by the medication administration policy and				
_	e school in a labeled prescription bottle/box. The label shall contain the sage, the student's name, the physician's name, and the pharmacy.				
We (I) understand that a new medication authorization form must be completed by the parent and physician ideasage is changed at any time.					
Print Name of Parent/Guardian	Phone Number				
Signature of Parent/Guardian	Date				