

## **First Love Christian Academy Medication Policy**

All prescription medications being brought into the building must be given to the Academic Director or Healthcare Administrator accompanied by a *written notice of distribution from the student's parent or guardian*. The medication must be in the original container and clearly labeled with the student's name.

For medications that are to be taken on a regular basis the following guidelines will be followed:

- Routine Rx taken daily – the student must complete a written distribution order form signed by the parent in the presence of the school administrator. This form must be updated yearly.
- Emergency Medications – such as bee sting *EpiPen* etc. – the student must complete an emergency medication's form, which will become part of the student's permanent file. This form must be signed by the parent or guardian in the presence of the school administrator and updated yearly.

All OTC (Over-the Counter) drugs, with the exception of cough drops, are prohibited and will not be permitted in school. The student's parent or guardian should dispense these medications at home before or after school hours.

### **STUDENT'S SHOULD NOT HAVE DRUGS AT SCHOOL!**

Any student found to have drugs of any kind in his/her possession without following the above guidelines will be disciplined and /or removed from school.

## Routine Medication Dispensing Form

My child, \_\_\_\_\_, will need to be  
*Student's name*

given this prescription as stated on the package at \_\_\_\_\_  
*dosage/time*

under the direction of \_\_\_\_\_  
*School administrator providing this service*

I give my full permission for the dispensing /administration of this medicine, releasing FLCA from any adverse reaction that might occur.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Administrator Signature* \_\_\_\_\_  
*Date*

*This form is considered invalid if NOT signed in the presence of the school administrator.*

## Emergency Medication Dispensing Form

In the event of an emergency situation; \_\_\_\_\_  
*Definition*

My child, \_\_\_\_\_, will need to be  
*Student's name*

given this prescription as stated on the package at \_\_\_\_\_  
*dosage/time*

under the direction of \_\_\_\_\_  
*School administrator providing this service*

I give my full permission for the dispensing /administration of this medicine, releasing FLCA from any adverse reaction that might occur.

\_\_\_\_\_  
*Parent/Guardian Signature* \_\_\_\_\_  
*Date*

\_\_\_\_\_  
*School Administrator Signature* \_\_\_\_\_  
*Date*

*This form is considered invalid if NOT signed in the presence of the school administrator.*