

Plymouth Meeting Friends School MEDICATION POLICY

Plymouth Meeting Friends School maintains our medication policy in accordance with the *PA Nurse Practice Act* and *Revised Guidelines for Pennsylvania Schools for the Administration of Medications and Emergency Care*. Parents/guardians should administer medications at home whenever possible and should collaborate with their primary care provider to establish medication schedules that minimize administration at school. **Any medication that must be taken at school, both prescription and non-prescription (over-the counter), must be accompanied by a consent form (as outlined below), signed by both the parent and physician.** Students are responsible for reporting to the Office at the time medication is to be taken.

NON-PRESCRIPTION MEDICATIONS STOCKED BY PMFS

The school maintains a supply of over-the-counter medications; the school must have *prior written permission*, in the form of a ***Stocked Non-Prescription Medication Consent Form*** (attached) signed by signed by *both* the parent and physician, for staff to supervise the student taking this medication during the school day or during overnight trips. **We strongly recommended that parents fill out this form with their child's physician prior to the start of the school year**, so that the school has the permission on file. *In addition, PMFS staff will contact parents prior to each administration of non-prescription medication.*

MEDICATIONS SUPPLIED BY PARENT

All medication to be taken during school hours, prescription and non-prescription, must be accompanied by a *Medication Consent Form* (attached), signed by both the parent and physician.

- All medication must be delivered directly to the PMFS Office (for Pre-K /K, to the head teacher).
- **Prescription medication must come in the original pharmacy container**, properly labeled (with child's name, drug name, strength, dosage, frequency, physician's name, and date of prescription).
- Non-prescription medication must come in original container.
- These requirements are valid for both medications which are taken daily and those taken as needed.

EMERGENCY MEDICATIONS --Medications kept on hand for situations such as allergies, asthma

1. The parents and health care provider must complete a **PMFS Action Plan** (available in the Main Office or at pmfs1780.org/schoolforms). These forms will provide the school with information should an emergency arise. All children with an inhaler or epi-pen at school must have an **Allergy Action Plan** or **Asthma Action Plan** on file before the start of every school year.
2. Medication must be delivered directly to the Office (for Pre-K & K: to the head teacher).
3. Medication must be properly labeled with:
 - Child's name
 - Medication name
 - Dosage
 - Purpose
 - *Complete directions*
 - *Emergency phone numbers*
4. When such medication is administered, parent will be notified.
5. ***If a student needs to carry medication at all times**, there must be a signed form from his/her doctor including instructions in order for the student to be allowed to do so.

Plymouth Meeting Friends School
STOCKED NON-PRESCRIPTION MEDICATION CONSENT FORM
School Year 20 __/___

The following non-prescription medications may be stocked by Plymouth Meeting Friends School and are used on an as needed basis to manage discomfort, illness, and injury.

- Children’s Acetaminophen (*Tylenol*)
- Children’s Ibuprofen (*Advil, Motrin*)
- Diphenhydramine antihistamine/
allergy medicine (*Benadryl*)
- Generic cough drops
- Benzocaine cough drops (*Chloraseptic*)
- Calcium Carbonate (*Tums*)
- Topical lotions (Calamine lotion, Aloe,
Antibiotic Ointment, hydrocortisone cream)

Cross out those medications that a student may NOT take.



I give my consent for Plymouth Meeting Friends School staff to supervise my child taking stocked non-prescription medications during the 20 __/___ school year. *I understand that PMFS will ALSO contact me prior to each administration of non-prescription medication.*

Student Name _____ Grade _____

For medication dosage: Age _____ Weight _____

Both parent and physician signatures are required.

Parent Signature

Date

PRINT Parent Name

Physician Signature

Date

PRINT Physician Name

Return to PMFS Main Office.

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Office Use Only:

- ___ Update in Database
- ___ Student Info Form: update to Teacher, Admin, BtB (as nec.)
- ___ Original in OTC Medication file

Location:

Plymouth Meeting Friends School
MEDICATION CONSENT FORM
School Year 20 __/__

All non-emergency medication supplied by a family to be taken during school hours, prescription and non-prescription, must be accompanied by this form, signed by *both* the parent and physician.

- Prescription medication must come in the original pharmacy container, properly labeled (with child's name, drug name, strength, dosage, frequency, physician's name, and date of prescription).
- Non-prescription medication must come in original container.

I give my consent for Plymouth Meeting Friends School staff to supervise my child taking the following medication(s).

Student Name _____ Grade _____

Name of Medication _____ Prescription
 Non-Prescription

Dosage _____ Frequency _____

Reason for Medication _____

Effective dates: from _____ to _____

Other pertinent information _____

Both parent and physician signatures are required.

Parent Signature

Date

PRINT Parent Name

Physician Signature

Date

PRINT Physician Name

Return to PMFS Main Office, with medication.

Office Use Only:

- ____ Update in Database
- ____ Update to Teacher, Admin, BtB (as nec.)
- ____ Emergency meds: Update confidential list
- ____ Daily meds: create medication record

- ____ Original to School Nurse for file
- ____ Copy to Teacher
- ____ Copy with medication
- ____ Copy in binder