



## OUR LADY OF MOUNT CARMEL SCHOOL-MEDICATION GUIDELINES

Whenever possible, medication should be administered before or after school. We realize that this is not always possible. Medications ordered 3 times a day or less, will not be given unless a specific time is stated by the doctor, such as 11:00am, lunchtime, etc.

A current **Parent Request and Physician Order for Medication** must be completed and on file in the school clinic. (Forms are below and can be printed.) No medication will be given without appropriate orders. Both the doctor and parent must sign. Each time there is a change in the prescription, a new form must be provided.

EXCEPTION – Parents may send a note requesting the school to administer a short-term medication such as an antibiotic. In this case, a valid pharmacist's label on the bottle serves as the physician's order. NOTE - Ask your pharmacy to supply an extra bottle/label so you have one for home and one for school.

**Tylenol, Motrin and any other over the counter medications must be handled the same as prescriptions medications.**

**Medication must be brought to the school clinic by a parent, guardian or other adult.**

This is done for the safety of all students. Children may not carry medications in to school.

EXCEPTION – **Middle school students who have written orders/permission from both their doctor and parent or guardian may carry their inhalers in school** (including field trips and sports activities). They may be kept in a pocket or backpack and must be handled in a responsible manner.

Medication must be in pharmacy-dispensed container – labeled with the child's name, medications, dosage, date prescribed. Non-prescription medications must be in their original bottle/box with the child's name written on it.

Prescription medication will be counted with amount recorded in the Medication Record Book when it is dropped off at school. Each time a medication is given it is recorded on a medication sheet. If you have questions about how frequently your child is requesting medicine, using their inhaler, etc. please feel free to contact the school nurse.

Medication is administered by the school nurse, clinic volunteer or in the absence of a nurse, a designee of the principal. Your child is responsible for coming to the clinic at the appropriate time for their medication. If they do not come on their own, student will be called out of class but it is possible they may get their medication later than scheduled. Teachers will be informed of when children need to come to the clinic for medication.

The empty medication containers will be sent home with the child when the last dose is given. We will try to notify you when your child is getting low on medication.

All short term, unused or discontinued medication must be picked up from the clinic within 30 days of the last dose or the medication will be disposed of properly. Long-term medications must be picked up by the last day of school or they will be discarded. A parent or other adult **must** pick up all medications.

We appreciate your support in helping us to provide the safest possible care for your child. If you have any questions, please contact the school nurse at 596-2754.



OUR LADY OF MOUNT CARMEL SCHOOL  
*Education with a difference.*

**PARENT REQUEST AND PHYSICIAN ORDER FOR MEDICATION**  
*(Pre-K – 4<sup>th</sup>)*

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

(For use by licensed prescriber ONLY)

Medication \_\_\_\_\_

How supplied/strength \_\_\_\_\_ Dose to be given \_\_\_\_\_

Time to administer \_\_\_\_\_ If PRN, how frequently \_\_\_\_\_

Reason for medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

Duration of order \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

I have read and understand the medication guidelines and agree to follow them. I understand that medication will not be given to my child unless this form is filled out completely. I release OLMC school personnel from liability should a reaction result from this medication.

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

**\*\*Medications must be in a pharmacy dispensed container – labeled with the child's name, medication, dosage, date prescribed and any special directions. Most pharmacies will provide a separate bottle for school use, if requested. Inhalers must be sent in a labeled pharmacy box. Tylenol, Motrin and other over the counter medications must be handled in the same manner as prescribed medications.**



**OUR LADY OF MOUNT CARMEL SCHOOL**  
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**PARENT REQUEST AND PHYSICIAN ORDER FOR MEDICATION**  
**(Grades 5<sup>th</sup> – 8<sup>th</sup>)**

Student's Name \_\_\_\_\_ Class \_\_\_\_\_

(For use by licensed prescriber ONLY)

Medication \_\_\_\_\_

How supplied/strength \_\_\_\_\_ Dose to be given \_\_\_\_\_

Time to administer \_\_\_\_\_ If PRN, how frequently \_\_\_\_\_

Reason for medication \_\_\_\_\_

Special Instructions \_\_\_\_\_

Duration of order \_\_\_\_\_

**For inhalers only:** This student is both capable and responsible for self administering this medicine: YES UNSUPERVISED \_\_\_\_\_ YES with SUPERVISION \_\_\_\_\_ NO \_\_\_\_\_

This student has permission to carry this medicine in school: YES \_\_\_\_\_ NO \_\_\_\_\_

Doctor's name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

\*\*I give permission for my child to carry and use this medicine (inhalers only) on their own:  
YES \_\_\_\_\_ NO \_\_\_\_\_

I have read and understand the medication guidelines and agree to follow them. I understand that medication will not be given to my child unless this form is filled out completely. I release OLMC school personnel from liability should a reaction result from this medication.

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

**\*\*Medications must be in a pharmacy dispensed container – labeled with the child's name, medication, dosage, date prescribed and any special directions. Most pharmacies will provide a separate bottle for school use (free of charge), if requested. Inhalers must be sent in a labeled pharmacy box. Tylenol, Motrin and other over the counter medications must be handled in the same manner as prescribed medications.**

## **Basic Immunization Requirements for Admission to School** **Virginia State Regulations**

**DPT** - a minimum of 3 doses –  
- one of which is **after the 4<sup>th</sup> birthday**

**DPT Booster** - required for entrance into 6<sup>th</sup> grade

**Polio** - a minimum of 3 doses –  
- one of which is **after the 4<sup>th</sup> birthday**, (or 4 doses before the 4<sup>th</sup> birthday)

**Hepatitis B** - a minimum of 3 doses, with at least 4 months between the 1<sup>st</sup> and 3<sup>rd</sup> dose

**MMR** - a minimum of 2 doses -  
- 1<sup>st</sup> dose must be given at 12 months or older  
- **2<sup>nd</sup> dose must be given prior to entry to kindergarten**

**Varicella** - - 1 dose of chicken pox vaccine at 12 months or older, for all children born as of January 1, 1997  
- (or documentation on medical record that they have had the disease)

**\*Immunization Records must be signed or stamped by child's physician / medical office.** Forms completed by parent do not meet state requirements.

### **School Entrance Physical Examination Requirements**

**All students must have a Virginia School Physical Form completed by their physician, nurse practitioner, or physician assistant **prior to starting school**.** Children will not be admitted to school without this form. These forms can be obtained from the school office or printed from OLMC website. The physical must be done within 1 year before starting school in Virginia.

**\*Children starting Kindergarten must have a new physical form completed, even if they had one done for Pre-K.**