

**MEDICATION POLICIES & PERMISSIONS: KOINONIA ACADEMY**

1. The school shall not provide students with any medication.
2. Diagnosis or treatment beyond first aid is not within the responsibility of the school and is illegal by non-medical personnel.
3. The administration of medication to students shall be done only in exceptional circumstances wherein the child's health may be jeopardized without it, or as in the case of medication being given to modify behavior.
4. Students requiring medication at school must have a specific physician's order (see below) for the nurse to administer each medication. THIS INCLUDES NON-PRESCRIPTION ITEMS. Parental permission is also required for the medication to be given, which also relieves the school of responsibility for any possible adverse effects of said medication.
5. **Children may not carry medications** without specific permission (see below). Parents must provide any medication a child may receive. **Medications must be delivered to school by an adult.** All medication must be sent to school in the original pharmacy container, labeled with the student's name, name of medication, dosage, and times medication is to be taken. (Pharmacy may issue separate school bottle)
6. Medication is to be held by, and administered only by the parent, school nurse or designated person. Specific provision must be made for school trips & half-days.
7. The school nurse or designated person may administer emergency medication for severe reaction as authorized by the school medical inspector and/or private physician.

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**PARENT PERMISSION:** I hereby request that my child, \_\_\_\_\_, in grade \_\_\_\_\_ at the Koinonia Academy, be administered medication during school hours as prescribed by our physician. I agree that if no nurse is available on a school trip & my child must receive medication, I may need to go on the trip. I understand that the ultimate responsibility for the administration of medication is mine, and I realize that the duties of the school nurse may require her presence at another site at the time that the medication is needed. I release the school administration and the school staff from any responsibility for adverse effects due to administration or lack of administration of this medication.

\_\_\_\_\_  
Parent signature                      Date

**PHYSICIAN'S ORDER:** In order to protect the health of \_\_\_\_\_, it is necessary for him/her to have the following medication during school hours:

Medication	Dosage	Diagnosis or Reason	Time(s) to be given	Frequency

Note: On half-days or school trip, this medication must be given \_\_\_\_\_; or may be omitted \_\_\_\_\_.

\_\_\_\_\_  
Physician's Signature                      Date

**NOTE:** IF this child needs to CARRY his/her own **emergency** medication (i.e., asthma inhaler, or Epi-pen), physician & parent must sign this additional permission which certifies both need and capability of child to self-administer and to safely store this medication. Child must report use of medicine to nurse. Koinonia Academy or its agents shall incur no liability as a result of any injury arising from self-administration of the medication by this child. The undersigned indemnify & hold harmless the Academy & its agents against any claims arising out of such self-administration.

\_\_\_\_\_  
Physician signature

\_\_\_\_\_  
Parent Signature

Revised 4/07