

Dear Heritage Families,

Heritage Christian School is committed to the safety and well being of all our students on campus. Therefore we wanted to address our policies in regards to medications in an effort to provide clarity to avoid confusion when your student should require medications at school or on trips.

Our policies, have been adapted from recommendations from the *California Department of Education's Program Advisory on Medication Administration*. Here are some highlighted policies:

- 1) ALL medications prescribed or Over the Counter (including pepto bismol, tylenol, vitamins, etc) must have a physician's written order as well as a parent's written permission which is documented on our HCS form titled "**A Request for Medication to be Dispensed by School Personnel**" found on the HCS website.
- 2) In order for a staff member to administer medication(s) to your child during the school hours, the above mentioned form must be completed and on file for your child in our Health Office and a parent/guardian must deliver the medication to the Health Office.
- 3) All medication brought to school must be in the original box or container. Prescriptions must be pharmacy labeled. The following information must be on the medication container: Student's full name, physician's name and phone number, name of medication, dosage, schedule, dose form, and date of expiration of the prescription.
- 4) A parent/guardian must personally deliver any medication to be given at school, as a verification signature is required upon delivery of the medication. All medication must not expire before the end of the school year.
- 5) No medications should be brought to school by students or put in a student's lunch box, locker, backpack, or athletic bag. If it is not possible for an adult to deliver the medication, please contact the school office to discuss delivery of the medication
- 6) Medications will be disposed of after 30 days of the email notification from the Health Office, asking that the medication needs to be picked up for any reason (expired, missing information, not properly logged in, etc..

If your student must carry his/her **rescue** medications (inhaler, Epi Pen, Benadryl, and diabetic medications) for the purpose of after school activities and athletic events, additional forms are required. Please see the Health Office.

The Health Office is open from 7:30am-4:00pm **ONLY** when school is in session. Should a student need access to their rescue medications (such as EpiPens, insulin, or inhalers) after 4pm, they should go to the after-school care supervisor in room 108. Arrangements will be made to gain access to the rescue medications in the Health office.

We ask that you make arrangements to personally deliver the medications between 7:30am and 3:00pm, when a Health Office attendant is present to receive the medication and log it in. We apologize for any inconvenience this may cause your family, but we feel that this is the safest and best practice. Thank you for your understanding and cooperation in helping Heritage Christian School provide a safe environment for all of our students. If you should have any questions, please contact the Health Office at (818) 894-5742.

Heritage Christian School
 North Campus _____ South Campus _____

REQUEST FOR ANY MEDICATION TO BE DISPENSED BY SCHOOL PERSONNEL
(To be completed by a licensed physician)

California Education Code Section, 49423 allows the School board of Hillcrest Christian School dba Heritage Christian School to provide that the principal or his/her designee may assist in carrying out a physician’s recommendations with respect to any pupil who is required to take medication during the regular school day. The staff recognizes the desirability of following a physician’s recommendations as nearly as possible at school or school sponsored overnight trips. The fact that this is a service or accommodation that the school is not legally required to perform is recognized by all parties signing this form, and in so signing they agree to hold the school or its personnel free from any or all claims, demands, or suits which might arise out of these arrangements.

Last Name of Pupil	First Name	Sex	Date of Birth
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Name of Medication	Purpose of Medication
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Dosage Prescribed	Time Schedule	Dose Form (tablet, liquid, etc.)
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Date of Prescription	Length of Time This Medication Will be Necessary
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Precautions, Special Instructions, Possible Adverse Effects, Comments: _____

The pupil for whom this medication is prescribed is under my care.

Print Name of Physician	Signature of Physician
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Address	Phone	Date
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 I request that my student be assisted in taking the above prescribed or over the counter medication during school hours or on school sponsored travel by an authorized staff member, and will comply with the school’s policies and procedures. This is to certify that I have read the physician’s recommendations and approve the medicine and medication as set forth herein and request that school personnel assist my child in matters detailed herein. Further, I hereby agree to hold harmless and indemnify the school board, trustees and employees from all claims, damages, or expenses arising out of any injury or death of any person, or damage to property which may result from administering said medication or from any harmful effects of same.

Date	Phone	Signature of Parent or Guardian
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Please note: All prescription medication must be in the original container with the printed directions on the label. Non-prescription medications will not be given at any time without the above written authorization and instruction from the child’s physician.