

July 26, 2010

Dear Parents,

The school year is upon us once again. Enclosed you will find the medication authorization form. This form must be completed if your child is regularly taking prescription medication **either at home or at school**. One form must be completed for each prescription medication. It is important that we know what medications your child is taking. This will assist us greatly in serving both you and your child. Additional forms can be obtained from the Health and Wellness office.

Your child's prescription medications must be brought to school by you or your child's legal guardian in the labeled container provided by your physician/ pharmacist. All medications will be kept in a locked cabinet.

For students subject to headaches and allergy-related complaints, the parent/legal guardian must provide the over-the-counter medication and complete the appropriate medical forms authorizing its use. Please place a label on the medication to include:

- Student's name
- Name of medication
- Dosage and times to be administered
- Physician's name and phone number

No unsupervised self-administering of medication will be permitted. In most instances, the Health and Wellness office will be responsible for overseeing the administration of medications. Medication requiring special circumstances will be handled accordingly.

Please return the attached form in an envelope to Judy Oakes at the Germantown campus or Tamiko Alexander at the Memphis campus. With your continued cooperation and support, we can better serve your children and uphold their safety while at school. These procedures are also outlined in the Medication Policy section of the handbook, which you will receive in the fall. If you have any questions or concerns, please contact your division director.

Sincerely,

Kathy Knowles
Director of Counseling and Learning Services for Lower School



ST. GEORGE'S
INDEPENDENT SCHOOL

www.sigs.org

St. George's Independent School, Collierville
1880 Wolf River Boulevard
Collierville, TN 38017-9052
tel. 901.457.2000
fax 901.457.2111
College Board Code 430-413

St. George's Independent School,
Germantown
8250 Poplar Avenue
Germantown, TN 38138-6139
tel. 901.261.2300
fax 901.261.2311

St. George's Independent School, Memphis
3749 Kimball Avenue
Memphis, TN 38111-6420
tel. 901.251.2200
fax 901.261.2211

St. George's Independent Schools Foundatio.
8235 Dogwood Road
Germantown, TN 38139
tel. 901.261.2385
fax 901.261.2371

SCHOOL MEDICATION RECORD: 20__ to 20__

Student: _____ Grade: _____
 Medication: _____ Dosage: _____
 Time: _____ Begin Date: _____ End Date: _____

AUGUST	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
SEPTEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
OCTOBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
NOVEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
DECEMBER	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
JANUARY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
FEBRUARY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
MARCH	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
APRIL	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES
MAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	NOTES

AB: Absent PN: Parent Notified MDM: Med does not match WH: Withheld D: Dismissed H: Holiday

**St. George's Independent School
Medication Policies and Procedures**

I. Supervision of Medications

A. Forms Required on File

1. If your child is regularly taking prescription medication either at home or school, it is mandatory that the parent/legal guardian must complete the appropriate medical authorization form.
2. No medication can be administered until the appropriate forms have been completed and are on file at school.
3. The school reserves the right not to administer certain medications.

B. Medication Storage

1. Medication shall be securely stored in a locked cabinet in the Health and Wellness office by St. George's designated staff and kept in an appropriately labeled container provided by the physician or pharmacist.
2. Container and label are not the responsibility of the school, but of the parent/legal guardian, pharmacist, or physician. The label shall include:
 - Student's name
 - Name of medication
 - Dosage and time administered
 - Physician's name and phone number

C. Daily Record – A daily log will be kept of the student-administered medications. The log will reflect the amount given and the time at which the medication was taken. All actions will be supervised by a designated the staff.

D. Medication Transport – All medication must be brought to the school by the parent/legal guardian and must be picked up at the end of the medication period or school year, whichever is earlier.

E. Written Changes in Medical Administration – A Medication Change Request Form can be obtained from the school.

F. New Forms Annually – New Medication Authorization forms must be completed by the parent/guardian each year.

II. School's Purpose

We at St. George's desire to help your child in every way possible. We can best serve your child if we work together as a team. Please sign below to indicate you understand the medication policies. If you have any questions, do not hesitate to call your child's Division Director.

III. Verification

I have read the above and understand St. George's Medication Policies and Procedures.

Student's Name

Grade

Parent/Legal Guardian

Date