

**St. Mary Magdalen School
2430 N. Providence Road
Media, PA 19063**

MEDICATION POLICY

All medication (prescription and over the counter) must be kept in the Nurse's Office. Medication required during school hours is to be administered by the school nurse. This is a policy from the Archdiocese of Philadelphia.

No medication is to be carried with the student during the school day.

Prescription medication must be in its original labeled pharmacy container and accompanied by a completed Prescription Medication form, which requires a physician's signature. This form is also necessary for asthma inhalers, (Epi-pen) and insulin.

Any medication to be taken for only several days in school must be in its original labeled container and a Short Term Medication form must be completed and signed by the parent.

All forms are available from the Nurse's Office or the Main Office.

If you have any questions concerning the medication forms or policy, please feel free to contact me.

Sincerely,

Pierina Antonello, R.N.

**St. Mary Magdalen School
2430 N. Providence Road
Media, PA 19063**

Permission to Administer Short Term Prescription Medication

This form is to be completed for prescription medication administered for **several days** (antibiotic, prescription analgesic, etc.) during school. The medication must be in its original labeled pharmacy container and accompanied by this form.

It is requested that the St. Mary Magdalen School nurse administer the medication indicated below.

Student: _____

Grade: _____

Name of Medication: _____

Dose of Medication: _____

Time of Medication: _____

Reason for Medication: _____

Effective Date(s): _____

I/we hereby request that the medication indicated above be administered to my/our son or daughter and release St. Mary Magdalen and its employees from any liability or responsibility for any injuries or damages that may result in accordance with this request.

Signature of Parent/Guardian: _____ Date: _____

St. Mary Magdalen School
Permission to Administer Prescription Medication

This form is to be completed for prescription medication (Epi-pen, Epi-pen, Jr., inhaler or insulin) to be given during school. A physician must sign it. The medication must be in its original labeled pharmacy container.

Student: _____ Date of Birth: _____ Grade: _____

Home phone #: _____
To be completed by Physician

Diagnosis: _____

Medication, Dosage, Specific Times & Director for Administration:

Side Effects/Special Instructions:

Physician's Signature Phone Number Date

To be Completed by Parent(s)/Guardian(s)

I grant the administrator or his/her designee the permission to assist in the administration of each prescribed medication to be provided during the school day, including when _____ is away from school property on official business. (Name of Student)

(Signature of Parent(s)/Guardian(s) (Date)

Home Phone Number: _____ Work Phone Number: _____

Student Forms

As we prepare for our summer vacation, please keep in mind certain forms are required the first week of school. These forms are:

Prescription Medication Form and Short Term Prescription.

Medication Form (for those taking prescription medication during the school year).

Dental Exam for grades K, 1, 3 and 7 in calendar year 2008.
Physical Exam for K, 1, and 6 in calendar year 2008

You may mail the Dental Exam and Physical Exam forms in when completed to:

St. Mary Magdalen School
2430 N. Providence Rd.
Media, PA 19063
Attention: School Nurse

Please send in the Medication Form along with the child's medication to the Nurse's Office.

If you have any questions or concerns please call me at 610-565-1822.

Gratefully,

Pierina Antonello, R.N.

Dear Parents,

There are students in your child's class and throughout the school who have serious food allergies. For this reason, I would ask you to be very careful about checking the contents of any food you might send into the classroom for a group snack.

Please read labels to check for traces of all types of nuts, peanut oil, and peanut flour.

Here are some safe snack suggestions for the classroom.

Snacks:

- Fruit
- Goldfish (Cheddar & Pretzel)
- Pretzels
- Nabisco Barnum Animal Crackers
- Lenders & Thomas Bagels or Mini Bagels
- Hunts Snack Pudding Pack
- Honey Maid Graham Sticks
- Pop-Secret brand Popcorn
- Lays brand potato chips (plain only)
- Raisins
- Kellogg's Cereal Snacks (Corn Pops, Fruit Loops, & Apple Jacks)
- Hostess Cup Cakes (Chocolate with white stripe across top)
- Rice Krispie Treat (plain)
- Oreos (Plain, Double Stuffed & Uh-Oh)
- Edy's ice cream (van/choc/straw)
- Breyer's ice cream (van/choc/straw)
- Hershey's syrup (choc/straw)
- Cool Whip (any flavor)
- Yogurt

Candy:

Skittles	Dum Dums	Gummy Bears
Sweet Tarts	Smarties	Tootsie Roll Products
Nerds	Plain Hershey Bars	Starburst (Original)
Plain Hershey Kisses		

Thank you for your help in keeping all food-allergic children safe from having a life-threatening allergic reaction.

Sincerely,
Pierina Antonello, R. N.

When Should I Keep My Child Home From School?

We have many questions regarding whether a child is well enough to go to school or not. Please use the following as a starting point when making the decision of whether or not to send your child to school.

- Fever of 100 degrees and should remain at home for 24 hours
- Nausea/vomiting
- Temperature 100 degrees
- Eye discharge or red eyes
- Persistent cough
- Strep throat, should remain at home for 24 hours of antibiotic treatment
- Sore throat
- Severe cold symptoms
- Exhausted behavior/simply not feeling well enough to be at school

If you have any questions regarding the above information, please contact Pierina Antonello, R.N.

Aronson, M.D., Susan and Shope, M.D., Timothy. Ed. Managing Infectious Diseases in Child Care and School. American Academy of Pediatrics, 2005.