



Dear Parents and Legal Guardians,

In order to accommodate students at Gross Schechter Day School who are required to take medication during the school day, we have put the procedures described below into place to insure safe and orderly administration of medication at Schechter. While the school recognizes the need to administer medications, we also recognize the immense responsibility this places on our Clinic and office staff. **Because the safety of your child is so important, no exceptions to this policy will be made.**

There are two forms which must be completed every school year for EACH student and EACH medication. This includes both prescription and over-the-counter medications. The first is an "Authorization for Medication or Treatment" form to be completed by the parent (or legal guardian). The second form is the "Physician's Statement". (Please note that a copy of this form faxed directly from the doctor's office to us is acceptable.) Once the medication is received, it will then be kept in the Clinic in a locked cabinet and administered according to the directions given. No medication can be dispensed by Schechter staff unless both forms have been completed and received. These forms are attached to this letter. Additional copies are also available in the school office.

The medication must be in a container appropriately labeled by the pharmacy with your child's name, the name of the medication, and the strength of the drug. **We cannot accept medication in plastic bags or unmarked bottles.** Over-the-counter medications should be in their original container.

We hope that by reviewing these procedures with you, we will avoid confusion about the policy concerning the dispensing of medication at school.

For questions or clarification, please contact our Clinic Aide, Beverly Hudec, at 216-763-1400, extension 414, when school is in session. I can be reached at extension 404.

Sincerely,

Mary Anne Donovan
Office Manager

Attachments: Authorization for Medication or Treatment and Physician's Statement

PHYSICIAN'S STATEMENT

2008/09

To the Physician:

The school urges you to schedule, to the extent possible, medication or treatment of a student outside of school hours. When that is not possible, medications and/or treatment will be performed in school.

I have prescribed to _____
Student's Name

Medication/Dosage _____

Time(s) to Administer _____

Instructions or Precautions or Side Effects, if any _____

Treatment _____

Beginning Date _____ Expiration Date _____

Physician's Signature _____

Printed/Typed Name _____

Telephone _____ Date _____

(THIS COMPLETED FORM CAN BE FAXED TO THE ATTENTION OF THE CLINIC
AT GROSS SCHECHTER DAY SCHOOL AT 216-763-1106.)

AUTHORIZATION FOR MEDICATION OR TREATMENT
2008/09

To the Parent/Guardian:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO IS TO RECEIVE MEDICATION OR TO TREATMENT WHILE AT GROSS SCHECHTER DAY SCHOOL.

ALL INFORMATION MUST BE COMPLETED.

Name of Student: _____

Grade/Section:

Date of Birth: _____

I am requesting permission for my child named above to: (check one or both)

_____ Use or receive medication

_____ Receive treatment

in accordance with the doctor's prescription.

1. I will assume responsibility for the safe delivery of the medication to school.
2. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
3. I release and agree to hold Gross Schechter Day School, its officials, its agents and its employees harmless from any and all liability and damages or injury directly or indirectly from this authorization.

Parent/Legal Guardian Signature

Date

Home Telephone

Work Telephone

Cell Phone