

## MEDICATION POLICY: NOTICE TO PARENTS/GUARDIANS REGARDING

To protect your student's safety, The Maritime Academy of Toledo will adhere to the following medication policy. Beginning in August, 1996 it is required that **BOTH** parent's **AND** physician's signature are on file before any prescription **OR** non-prescription medication can be administered by The Academy. This includes all medications including such over-the-counter products as Tylenol, Advil, Dimetapp, Aspirin, etc.

Although this may cause you some inconvenience, this policy is best for the continued protection of your child and must be followed. **If we do not have your written permission and the written permission of your physician, the medication will not be given to your child.** Permission forms can be obtained by contacting the school office or on the school's website at [www.maritimeacademy.us](http://www.maritimeacademy.us).

In order for your child to receive any medication at school, please follow these policies and procedures exactly:

1. A written request must be obtained from the doctor and the parent/guardian. This request must include the name of the medication, dosage, time it is given during school hours, and duration.
2. The medication must be in its original container and have a fixed label which indicates the student's name, name of medication, dosage, method of administration and time of administration.
3. When the empty prescription bottle is returned to you, please send the refill to school promptly.
4. The medication and the signed permission forms must be brought to the school by the parent or guardian.
5. Wherever possible, please include a photo of your child with the permission form.
6. New permission forms must be re-submitted each school year, and are necessary for any changes in medication orders.
7. If your child is taken off medication or will no longer receive it at school, please put your request in a dated, written note as soon as possible. If the medication is not picked up from the health aide or school office within 10 days, it will be properly disposed.

# **Immunization Requirements for Incoming 7<sup>th</sup> and 12<sup>th</sup> Grade Students**

## **Incoming 7<sup>th</sup> Graders**

### **DTaP/DT Tdap/Td Diphtheria, Tetanus, Pertussis**

One (1) dose of Tdap vaccine must be administered on or after the 10th birthday.

\*\*\*Tdap vaccine is required PRIOR TO ENTERING THE SEVENTH (7<sup>TH</sup>) GRADE. This dose is intended to be administered as a BOOSTER dose for students who have completed the required doses of the initial series of TDAP/DT/TD vaccine

### **MCV4 Meningococcal**

One (1st) dose of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.

## **Incoming 12<sup>th</sup> Graders**

### **MCV4 Meningococcal**

Second (2) doses of meningococcal (serogroup A, C, W, and Y) vaccine must be administered prior to entry.

\*\*\*\*\* Recommended MCV4 minimum interval of at least eight (8) weeks between dose one (1) and dose two (2). If the first (1st) dose of MCV4 was administered on or after the 16th birthday, a second (2nd) dose is not required. If a pupil is in 12th grade and is 15 years of age or younger, only one (1) dose is required. Currently, there are no school entry requirements for meningococcal B vaccine.

**THE MARITIME ACADEMY OF TOLEDO**  
**MEDICATION DISPENSING FORM**

**Complete this form only if and when your student is to receive medication.**

Medication will be administered to students during school hours only when such medication is needed by the student to remain in the school. No medication will be administered to any student without proper completion of the Medication Dispensing Form. The form should also be used for non-prescription drugs to be administered and must also have a physician's signature. All medication to be administered by The Maritime Academy of Toledo personnel must be delivered in the original and properly labeled container to a school administrator, along with the Medication Dispensing Form. Prescription and non-prescription medicine will be locked in a secure building location. All controlled medications must be delivered to the school by an adult, counted, and recorded on the student's medication log. Failure of the parent / guardian to provide documentation will require the parent / guardian to be present in the school to dispense the medication personally.

**TO BE COMPLETED BY PHYSICIAN / DENTIST**

Student's Name \_\_\_\_\_ Birth date \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of Medication \_\_\_\_\_

Specific Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Special Instructions \_\_\_\_\_

Adverse/Severe Reactions \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Effective Dates From \_\_\_\_\_ To \_\_\_\_\_

This medication can be safely administered by non-medical personnel:       Yes     No

It is my understanding that the administration of The Maritime Academy of Toledo is charged with the administration of this treatment procedure and that this person relies on the directions given in this document. I further certify that I am the physician or dentist who prescribed the treatment and that the student named above is under my supervision as a patient.

Signature of Physician / Dentist: \_\_\_\_\_

Printed Name of Physician / Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Today's Date \_\_\_\_\_

**TO BE COMPLETED BY PARENT / GUARDIAN**

As parent / guardian of the above named student, I hereby request that the treatment described above be administered to my student. I release The Maritime Academy of Toledo and its employees from liability for any damages my student may suffer as a result of this request.

Signature of Parent or Guardian: \_\_\_\_\_ Date \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_