

WEST SIDE CHRISTIAN SCHOOL
955 WESTEND NW
GRAND RAPIDS, MI 49504
453-3925

Medications

May, 2017

Dear Parents:

Since the staff of West Side Christian School is responsible for the well-being of our students during the school day we must ensure that all medication taken by students is safely, correctly, and appropriately dispensed.

Any medications (including pills, inhalers, sprays, eye drops, ear drops, injections, transdermal patches, and topical creams or ointments) are subject to our school's medication policy. This policy applies to both prescription and non-prescription medicines.

Note:***** If you want your child to take or receive any medication during the school day, including over-the-counter pain medication requested by your child, you must complete the "Medication Form" on the other side of this letter and send it to the school office.

All medication, whether self-administered or staff-administered, must be kept in an appropriate container with a label stating the name of the student, the name of the medication, the dosage, and the frequency of administration.

Medication to be administered by a staff member, will be kept in a secure location (office or classroom), administered there, and recorded. To promote confidentiality and prevent disruption of classroom activities, administration of medications will be limited to normal breaks in the daily schedule unless there are special circumstances to consider.

If you have any questions regarding our medication policy or desire to see a copy of the policy, please contact the school office.

Sincerely,

WEST SIDE CHRISTIAN SCHOOL STAFF

**WEST SIDE CHRISTIAN SCHOOL
2017/2018
MEDICATION FORM**

LAST NAME: _____

Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____
Child's Name: _____	Grade: _____

If we do not have written permission, we cannot give your child any medication.

To give the faculty of West Side Christian School permission to administer **over-the-counter pain medication** (adult or children's doses of acetaminophen or ibuprofen) to your child during the school day, as needed for pain, please sign below.

Please list below all medications that your child might need to take at school:

Student	Name of Medication	Purpose	Dosage	Time Dispensed
_____	acetaminophen or ibuprofen	pain	as directed	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments:

A. I hereby permit my child to self possess and self- administer the medication listed above.

Parent/Guardian Signature: _____

B. I hereby permit the administrative designee to administer medication as directed.

Parent/Guardian Signature: _____
