

The Hollandale School District does not assume any obligation to provide medical treatment, advice or medication to any student. No teacher, principal, or other personnel of the Hollandale School District, including any person acting as school physician or medical attendant, will administer prescription medication to any student without first obtaining the consent of the parent or guardian of said student prior to each instance, except in cases of emergency. This permission is limited to the following individuals:

1. The district/school nurse may be granted permission with the expressed written consent of the parent or guardian to dispense medication.
2. The building principal or appointed individual may be trained in the disbursement of medication and dispense medication with the expressed written consent of the parent or guardian in the absence of the district/school nurse.

In the case of an emergency, an effort should be made to contact the parent or guardian as soon as possible.

#### FIRST AID TRAINING

Principals shall see that one-third of the instructional staff of the school is currently certified by the American Red Cross to administer first aid. All physical education teachers in the secondary schools shall be currently certified to give first aid.

CROSS REF.: Policy JGF - Student Safety

**To see the complete policy go to HSD Policy – JGCD**

#### **DISPENSING MEDICINE –HSD Policy - JGCD**

Medication shall be provided or administered to a student by school personnel ONLY with the written request and consent of the student’s parent/custodian/legal guardian, and by following Policy JGCD-R –Administration of Prescription Medicine.

CROSS REF.: Policy JGCD-R – Administration of Prescription Medicine

Policy JGFG – Accidents/First Aid

#### **ADMINISTRATION OF PRESCRIPTION MEDICINE**

School personnel will not administer prescription medicine to a student unless the student’s physician authorizes school personnel to administer the medicine and the parents/guardians have signed the Indemnity Agreement associated with this policy. The parents/guardians are responsible for obtaining a statement from the physician authorizing school personnel to administer the medicine. The statement should include:

1. Student’s name

2. Diagnosis
3. Name of medicine
4. Method of administration
5. Time/s to administer the medicine
6. Amount of medicine
7. Date to discontinue or review administration of medicine
8. Physician's signature
9. Date

The parents/guardians are sensible for getting the medicine to the school. All medicine must be in a proper container with a label from the pharmacy which states the following:

1. Student's name
2. Name of medicine
3. Method of administration
4. Time/s to administer the medicine
5. Prescription number
6. Name of pharmacy
7. Date filled

HOLLANDALE SCHOOL DISTRICT

PARENT AUTHORIZATION AND INDEMNITY AGREEMENT

The undersigned parent/s guardian/s of \_\_\_\_\_, a minor child, has requested personnel of this school district to administer prescription medicine to this student. This request has been made for my/our convenience as a substitute for parental administration of this medicine. It is understood that school personnel administering the medicine will not have to have medical or nursing training.

I/We forever release, discharge and covenant to hold harmless the Hollandale School District, its personnel and Board of Trustees from any all claims, demands, damages, expenses, loss of services and causes of action belonging to the minor child or to the undersigned arising out of or on account of any injury, sickness, disability, loss or damages of any kind resulting from the administration of the prescription medicine.

The undersigned agree to repay the Hollandale School District, its personnel or Trustees any sum of money, expenses, or attorney's fees that nay of them may be compelled to pay in defense of any action or on account of any such injury to the minor child as a result of the administration of medicine.

I have read the foregoing release and indemnity agreement and fully understand it.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Parent or Guardian                                      Witness

\_\_\_\_\_  
Parent or Guardian                                      Witness