



JAMAICA COLLEGE

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July 30, 2021

Dear Parents/Guardians,

We would like to remind you of or bring your attention to the **medication policy** in the school. Please see enclosed a copy of the letter which can also be downloaded on our school's website (jamaicacollege.org).

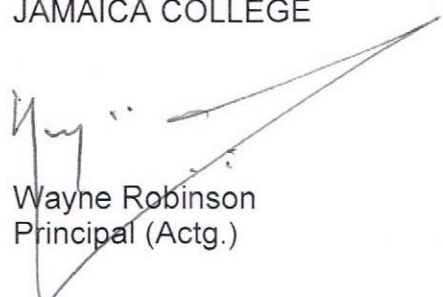
Along with the letter, are the **Over-The-Counter Medication Permission Form** and **Authorization to give Prescription Medication at School Form** which are to be completed and signed by both physician and parent/guardian.


If you are still unsure as to what to do, please give us a call at the health office at 876-977-1603.

A brochure on the Health & Wellness Department procedures, guidelines and services will be distributed the day of orientation to new students.

Remember to call or visit us if you have any concerns or if you need to discuss the health needs of your child/ward with us.

Yours sincerely:
JAMAICA COLLEGE


Wayne Robinson
Principal (Actg.)


Bianca Mitchell
School Nurse

**Jamaica College
Health Office**

THIS FORM IS IN EFFECT FOR ONLY THE SCHOOL YEAR IN WHICH IT IS RECEIVED

Over-The-Counter Medication Permission Form

The school nurse has authorization from the student's physician/doctor to administer the following selected over the counter medications to your child while in school. The purpose of these protocols is to allow the nurse to provide occasional relief of minor symptoms while your child is in school. If the request is inappropriate or if the usage is excessive, the parent/guardian will be notified.

Medication may be administered a total of 4 times in one calendar month.

Students Name: _____ Grade: _____ DOB _____

Preferred Medication: Please state which medication you authorize to be given to your child

Acetaminophen (Panadol/Cetamol) _____	Dosage: _____
_____	Dosage: _____
_____	Dosage: _____

Conditions for which the medication(s) may be administered: Check all that apply.

Headache without fever or injury

Fever with Flu-like symptoms

Flu-like symptoms (runny nose, coughing, sneezing)

Dental Pain (Toothache)

Stomach burn (after a meal)

Allergies: _____

Other _____

To my knowledge, my child is not allergic to any medication and he has no medical condition for which this/these over-the-counter medication(s) would be harmful.

Physician's Signature _____ Date _____
Contact numbers: Work _____ Cell _____

PARENT/GUARDIAN AUTHORIZATION

I hereby give permission for the school nurse to administer the above ordered medication(s). I will be notified via RENWEB each time the medication is given to my child. **This authorization is effective until the end of the current school year in which it was authorized.**

Parent's/Guardian's Signature _____ Date _____
Home Phone _____ Work _____ Cell _____

Jamaica College - Health Office

THIS FORM IS IN EFFECT FOR ONLY THE SCHOOL YEAR IN WHICH IT IS RECEIVED

Authorization to Give Prescription Medication at School

Student: _____ Date of Birth: _____ Age: _____

Grade: _____ Teacher: _____

A. TO BE COMPLETED BY THE PHYSICIAN

Diagnosis for which medication is given _____

Name of medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other

Instructions (Time and dose to be given at school): _____

Start: date form received Other date: _____

Stop: end of school year Other date/duration: _____

for emergency only As needed (PRN)

Restrictions and/or important side effects: None anticipated

Yes. Please describe _____

Special storage requirements: None Refrigerate

Other: _____

Please indicate if you have provided additional information:

On the back side of this form As an attachment

Is the child authorized to medicate himself? **Yes** **No**

If **Yes**, I have instructed the student in the purpose and appropriate method or frequency of use; and student has demonstrated the necessary skill to use this medication and to use any device necessary to administer medication and to inform the nurse when he has done so.

Date: _____ Physician's Signature: _____

Please Physician's Name: _____ Date received at school: _____

Print Address: _____ Nurse's Signature: _____

& add Phone: _____

Stamp Fax: _____

B. TO BE COMPLETED BY THE PARENT

I give permission for (name of child) _____ to receive the above medication at school according to medication policy guidelines.

Date: _____ Parent/Guardian Signature: _____

NOTE: MEDICATION MUST BE DELIVERED TO SCHOOL BY A RESPONSIBLE ADULT IN THE CONTAINER IN WHICH IT WAS DISPENSED BY LICENSED PHARMACIST OR PHARMACY.

July 2021

Dear Parents/Guardians,

It has been customary over the years for the school nurse to administer **over- the- counter (OTC) medication** such as Panadol to your child/ward when he presents to the health office with a complaint of a symptom of a common illness.

However, being guided by **the Nursing Council of Jamaica and the Ministry of Education** the school nurse will **no longer be able to give your child/ward any medication without the written order from a doctor.**

With your child's health as priority, we would like your assistance and cooperation in preparing for the possibility that your child might become ill and must have medication while at school.

We would like for you therefore to follow the new medication policy /guidelines:

1. If your child/ward has a **long standing medical condition such as asthma, allergies, seizures, diabetes, hypertension, heart disease and other diseases** for which he takes **prescription medication** regularly, then we would advise that as much as possible medications be given at home. If however the time falls within school hours, (for example when being given three times daily), we ask that a set of medication for this illness be kept in the health office for administration at the time specified and also, in the event of an emergency. **Please be advised that the medication must be presented to the nurse in the pharmacy labeled container along with a standing order from the doctor/physician and a written authorization from the parent/guardian.**
2. For **short-term prescription medications**, i.e., those requiring administration for ten school days or less, e.g. antibiotics, the **pharmacy-labeled container** by itself may be used in lieu of a Doctor's Order along **with a written authorization from the parent/guardian.**
3. Students, who are known **asthmatics and diabetics** should demonstrate the ability to **self-administer their medication** and should have this medication with them **at all times**. Notwithstanding, extra medication must always be in the health office in case of an emergency along **with a standing order/emergency protocol from the doctor accompanied by the written authorization from the parent/guardian.**
4. If your child does not take prescription medication but **suffers from frequent headaches, sinusitis or rhinitis (hay fever) etc**, and uses **over- the-counter (OTC) medications** such as **Histal, Cetamol/Panadol, Antacids (e.g. Dica etc.), Cetamol cold and flu/Panadol allergy sinus/ Multisymptom and others**, then a **standing order should be provided from your doctor to the school nurse along with a written**

consent or authorization from the parent/ guardian. The nurse will keep this standing order and the authorization on file and administer the medication to the child when and if he has a need, **based on the nurse's assessment.** **All medication must be in its original container.** Students are not allowed to self-carry these medications with them while in school.

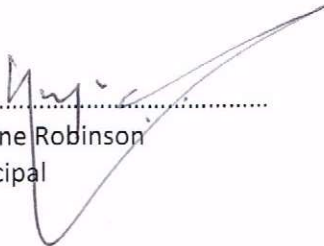
Therefore, please have your doctor complete the authorization form that applies to your child and take it in when you present your medicals or at re-registration.


Please remember that if your child is ill from home or in need of medical treatment he should not be sent to school.

Please note that this change does not interfere with emergency medical treatment, but only the nurse will determine what an emergency is.

If you have questions regarding this medication policy or other issues regarding the administration of medication to your child/ward while at school please contact the school nurse at 977-1603 or the principal.

Sincerely,


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Wayne Robinson
Principal


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Bianca Mitchell
School Nurse