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August 3, 2023

Re: Medication Policy

Dear Parents,

The Portland Archdiocese's medication policy states, **“Only medication that is required for the student to remain in school will be administered.”**

Self-medication of prescription and non-prescription medication is not allowed except in cases where a student must carry such medication on his/her person for immediate access. An example would be a student who has asthma and needs immediate access to their inhaler. (Both forms must be filled out for this exception.)

If your child must take prescription medicine during the school day, you must completely fill out the *Authorization for Medication Administration by School Personnel* form (copy below), returning it and the medicine (in its original packaging) to the school office. Instructions must be clear and concise. The school office will administer the medicine to your child per your instructions. It is the parent's responsibility to ensure that the school is informed, in writing, of any changes in medication instructions.

If your child uses a prescription inhaler, it can be stored in the school office's medication file for your child to access or your child may carry and self-administer this medication as prescribed. If you choose to have your child carry it with him/her, you must complete the *Self-Medication Agreement for Prescription Inhalers* form (copy below) **AND** the *Authorization for Medication Administration by School Personnel* form (copy attached).

Students that have an epi-pen on file with the school must complete the *Authorization for Medication Administration by School Personnel* form **AND** the *Food Allergy & Anaphylaxis Emergency Care Plan* (copy attached).

Please note that we are not able to administer medication in the school office on an “as needed” basis. If you have any questions, please contact the school office.

Sincerely,

Katy Smith
Principal

Authorization for Medication Administration by School Personnel

To: Katy Smith Of: St. Thomas More Catholic School
Principal School Name

Student Name: _____ DOB: _____ Grade: _____ Teacher: _____

I am giving school personnel permission to administer medications to my child per the following:

Parent or Physician please complete:

Medication: _____	<input type="checkbox"/> Non Prescription
Dose (how much): _____	<input type="checkbox"/> Prescription Rx number: _____
<small>Tablets requiring cutting should be cut by the parent before being sent to school. Liquid medication requires dosage spoons, available from your pharmacist, to be supplied by parent.</small>	<input type="checkbox"/> Please allow my child to self-administer this medication. (refer to district policy on self-medication). Requires self-medication agreement form to be signed by parent, school administrator, and if prescription, consent of physician. (See below)
Route: (Circle one)	
By: Mouth Ear Eye Nose Skin Inhalation	
Time to be given @ school: _____	
Duration: Start date: _____ End Date: _____	
Reason for Medication:	
Special Instructions:	

I understand I am responsible to provide this medication and maintain the supply as needed. I understand I am responsible to notify the school in writing of any changes. Parents are required to pick up all unused medication by the last day of school. All medication left at the school will be discarded.

Parent/Guarding Signature: _____ Date: _____

This authorization applies only to the medication listed above and for the duration of treatment or school year. This also authorizes an exchange of information, as necessary, between appropriate school personnel, and/or my child's health provider.

Physician Direction

(Required in writing or on pharmacy label for all prescription medication).

- I have prescribed the above medication for the student whose name appears at the top of this form. Instructions in the box are accurate.
- Special instructions including adverse reactions and action required: _____

Physician's Name: (please print/stamp)

Address

Physician's Signature

Phone#

Effective Date

ALL MEDICATION MUST BE IN ITS NEWEST ORIGINAL CONTAINER WITH ACCURATE LABEL.

Self-Medication Agreement for Prescription Inhalers

Students who are developmentally and/or behaviorally able, will be allowed to self-administer prescription inhalers, subject to the following:

1. Self-administration of prescription inhaler requires permission from parent, school administrator and physician. Physician consent is to be included on the prescription label or on the medication consent form.
2. The inhaler must be kept in its appropriately labeled, original container, as follows:
 - Prescription inhaler label must specify the name of the student, name of the medication, dosage, route, and frequency or time of administration and any other special instructions. Physicians consent for self-administration is to be on the label or medication consent form.
3. **Sharing and/or borrowing of the inhaler with another student is strictly prohibited.**
4. **Permission to self-medicate may be revoked if the student violates Archdiocesan school policy governing administration of non-injectable medication and/or these regulations.**

I have read and agree to the above criteria and give permission for my child to carry

(Name of Medication)

(Parent/Guardian Signature)

(Date)

I agree to comply with the above criteria.

(Student Signature)

(Date)

The student may carry and self-administer this medication as prescribed:

(School Administrator or designee)

(Date)

**PLACE
PICTURE
HERE**

Name: _____ D.O.B.: _____

Allergic to: _____

Weight: _____ lbs. Asthma: **Yes (higher risk for a severe reaction)** **No**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____








THEREFORE:

If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.

If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:





SEVERE SYMPTOMS

 LUNG Shortness of breath, wheezing, repetitive cough	 HEART Pale or bluish skin, faintness, weak pulse, dizziness	 THROAT Tight or hoarse throat, trouble breathing or swallowing	 MOUTH Significant swelling of the tongue or lips
 SKIN Many hives over body, widespread redness	 GUT Repetitive vomiting, severe diarrhea	 OTHER Feeling something bad is about to happen, anxiety, confusion	OR A COMBINATION of symptoms from different body areas.

↓ ↓ ↓

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS

 NOSE Itchy or runny nose, sneezing	 MOUTH Itchy mouth	 SKIN A few hives, mild itch	 GUT Mild nausea or discomfort
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FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

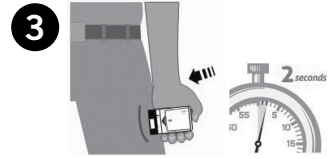
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

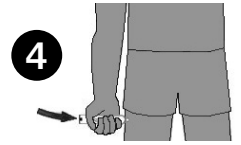
HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case. Pull off red safety guard.
2. Place black end of Auvi-Q against the middle of the outer thigh.
3. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
4. Call 911 and get emergency medical help right away.



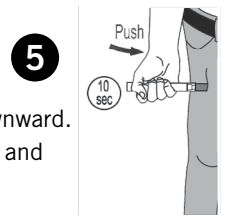
HOW TO USE EPIPEN®, EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, remove the blue safety release by pulling straight up.
3. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
4. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, AMNEAL PHARMACEUTICALS

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip. Grasp the auto-injector in your fist with the red tip pointing downward.
3. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh. Press down hard and hold firmly against the thigh for approximately 10 seconds.
4. Remove and massage the area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward. With your other hand, pull off the blue safety release.
3. Place the orange tip against the middle of the outer thigh at a right angle to the thigh.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
5. Remove and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.



HOW TO USE SYMJEPi™ (EPINEPHRINE INJECTION, USP)

1. When ready to inject, pull off cap to expose needle. Do not put finger on top of the device.
2. Hold SYMJEPi by finger grips only and slowly insert the needle into the thigh. SYMJEPi can be injected through clothing if necessary.
3. After needle is in thigh, push the plunger all the way down until it clicks and hold for 2 seconds.
4. Remove the syringe and massage the injection area for 10 seconds. Call 911 and get emergency medical help right away.
5. Once the injection has been administered, using one hand with fingers behind the needle slide safety guard over needle.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____

NAME/RELATIONSHIP: _____ PHONE: _____