Four Seasons School
433 Lyceum Avenue
Philadelphia, PA 19128
Phone (215) 483-5688

Four Seasons Preschool Medication Protocol

1. Parent must complete Top Portion of the **Medication Log Form**. This form is required by the state, and must be completed in full and as specifically as possible. Each log will be dated for one complete school year, September-August. If the dose, strength, medication or frequency changes; a new log will need to be completed.
2. Parents must also complete the **Student Health Status Form**. This form provides staff with a more detailed accounting of your child's allergy/condition. (If your child has a treatment plan, such as an "Action Asthma Plan", please attach it to this form)
3. The **medication** itself **must** arrive at school in its **original container**, with a **pharmacy label**. (If the medication is an inhaler, and you have thrown away the box with the pharmacy label, you must go back to the pharmacy and ask for a label or to your doctor for a letter of verification that this medication was prescribed).
4. The **official medication label** should contain the following information:
    - Name of Child
    - Name of prescribing physician
    - Name of medication
    - Dosage to be administered
    - *Time of Day to be given – if a medication is to be given "PRN" (**p.r.n.:** Medical abbreviation meaning "when necessary") It is very important that the label be specific regarding the symptoms for which your child receive the medication, **and how many hours must pass before another dose can safely be administered.**

5. IT IS **ALSO EXTREMELY** IMPORTANT FOR STAFF TO KNOW IF YOU HAVE ADMINISTERED **ANY MEDICATION** TO YOUR CHILD BEFORE THEY HAVE ARRIVED AT SCHOOL. PLEASE NOTE THAT THERE IS A COLUMN ON THE SIGN-IN SHEET TO INDICATE IF MEDICATION HAS BEEN GIVEN BEFORE SCHOOL. IF SO, PLEASE STOP BY THE OFFICE SO THAT IT CAN BE NOTED IN YOUR CHILD'S RECORDS.
6. If the medication is to be dispensed through an inhaler with a spacer, or with a nebulizer, please give detailed instructions. Not every machine has the same components, nor every spacer the same instructions.
7. We will not dispense an OTC (over the counter) medication, such as Benadryl, without a Doctor's order. If your child's protocol requires Benadryl as a first step, we will require official notification from the doctor, as well as a medical grade dispensing syringe/cup.
8. IF YOUR CHILD HAS AN EPI PEN, ONE MUST BE KEPT IN SCHOOL. A CHILD MAY NOT RETURN TO SCHOOL FOR 48 HOURS FOLLOWING THE ADMINISTRATION OF AN EPI PEN.
9. If your child requires a medication (such as an inhaler) which may be needed suddenly, we require you keep one in school (rather than have it travel each day), that prevents forgetting to bring it every day. NEVER LEAVE MEDICATION IN A CHILD'S POSSESSION. Bring it to the office.

Student Health Status Form

CHILD'S NAME: _____

Parent/Guardian Signature: _____Date: _____

1. Your child's Health Assessment and/or Emergency Contact Sheet indicate that he or she is under a doctor's care for the following health issue(s):
   _____.
2. Does your child receive care for any conditions not listed above? If so, please list:
   _____.
3. Should your child be barred from any physical/school activities due to a health concern? If so, when?_____
   _____
   _____
4. Please list the symptoms that would require administering medication:
   - _____
   - _____
   - _____
   - _____
5. Please list all medications that your child is taking, the dosage or method of administration according to the prescription and/or action/care plan, and either a time per day, or the interval at which doses must be spaced.
   - Medication:_____
   - Dose/Method of administration:
     _____
     _____
   - Time of Day or Reason to administer:
     _____
     _____
     _____
   - Interval at which doses must be spaced:_____
6. If your child requires two medications to be given:
   - Name the medications _____
   - Should they always be given together?_____
   - Which should be given first?_____

Please list any details or notes that may assist the staff: _____

_____

_____

_____

******PLEASE REMEMBER TO COMMUNICATE TO TEACHERS IF YOU HAVE ADMINISTERED MEDICATION TO YOUR CHILD ON ANY GIVEN DAY. THEN PLEASE STOP BY THE OFFICE SO THAT THE DOSE CAN BE RECORDED. THIS IS VERY IMPORTANT. THANK YOU.**