

Parish of St. Therese

Religious Education Office
151 Main Street
Succasunna, NJ 07876
reledoffice@verizon.net

October 27, 2011

Dear Parents,

As of today we will be implementing a new Religious Education Medication Policy which will be found in the Family Handbook on the St. Therese website shortly. If your child has medical issues (i.e. severe allergies or other illness) that we either have an epi pen or other medication for them. Please complete the attached "Authorization form" and send it to us with their medication. All information will be kept confidential and all unused medication will be returned at the end of the program year.

Medication Policy:

No medications of any description (including over the counter medications such as Advil or Tylenol) may be administered to a student by the Religious Education staff without the written permission of the parent or guardian and the Prescribing Physician. All medication must be brought to the office by the parent or guardian in the original labeled pharmacy container; please ask your pharmacist for a separate, properly labeled medication supply for use while your child is in our care; or original over the counter medication bottle.

The medication must be consigned to the Director of Religious Education where it will be kept in the office until it is needed. No student may transport any medication (prescription or over the counter) to or from Religious Education but parents always have the option of coming to class to administer the medication. Remember, these policies are in place to protect the children.

Attached is the Religious Education "Authorization to Administer Medication during Religious Education" Form. Should you need additional forms, please contact the Religious Education office.

Sincerely,

Mrs. Catherine McGuire
Director of Religious Education



**AUTHORIZATION TO ADMINISTER MEDICATION
WHILE STUDENTS ATTEND RELIGIOUS EDUCATION**
Confidential

Name of Student	Grade & Section	
Diagnosis / Illness		
Medication	Dosage	Frequency
Special Directions		
Possible Side Effects		

I certify that the above information regarding this student is correct, and that administration of the medication to this student is necessary.

Signature of Prescribing Physician

Date

Address

Phone Number (include area code)



I/We authorize the Director of Religious Education or, in their absence, the Catechist to administer the above medication as indicated. I/We understand and agree that the Religious Education Program, the Religious Education Director or the Catechist shall not be liable for any injury to the Student resulting from the administration of the medication as authorized by my signature below.

Signature of Parent/Guardian

Date _____

Signature of Parent/Guardian

Date _____