

## **New Story Schools of Ohio: Medication Change Disclosure Policy**

### **Purpose**

To ensure the safety, well-being, and optimal educational experience for students with special needs, it is essential that parents/guardians inform the school of any changes in their child's medication regimen.

### **Scope**

This policy applies to all parents/guardians of students with special needs enrolled in the school.

### **Policy Statement**

Parents/guardians are required to notify the school of any changes in their child's medication regimen, including but not limited to:

- The introduction of new medications
- Changes in dosage
- Discontinuation of medications

### **Procedures**

#### **1. Notification Requirement**

- Parents/guardians must notify the school nurse or designated school personnel of any medication changes within 24 hours of the change.
- Notification should include the following information:
  - Student's name
  - Name of the medication
  - Dosage
  - Time and frequency of administration
  - Reason for the change
  - Any potential side effects to monitor

#### **2. Documentation**

- A written notice must be provided by the parent/guardian, which can be delivered via email, a note, or a form provided by the school.
- The school nurse or designated personnel will document the medication change in the student's health record.

#### **3. Medical Authorization**

- If the medication change requires administration during school hours, a new medical authorization form signed by a licensed healthcare provider must be submitted.
- The form should include detailed instructions for the administration of the medication.

**4. Emergency Contact**

- Parents/guardians must provide updated emergency contact information to ensure timely communication in case of any adverse reactions or emergencies related to the medication change.

**5. Staff Training**

- Relevant school personnel will be informed and trained on the new medication regimen to ensure proper monitoring and support of the student.

**6. Confidentiality**

- All information regarding a student's medication changes will be kept confidential and shared only with school personnel directly involved in the student's care.

**Compliance**

Failure to comply with this policy may result in delayed administration of medication, which could affect the student's health and educational experience. The school will work collaboratively with parents/guardians to ensure compliance and support the student's needs.

**Review and Revision**

This policy will be reviewed annually and revised as necessary to reflect best practices and regulatory requirements.

**Contact Information**

For questions or concerns regarding this policy, please contact the school nurse or the school administration.

(Contact Information)

**Acknowledgment**

Parents/guardians are required to sign an acknowledgment form confirming they have read and understood this policy.

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Parent/Guardian Signature

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Parent/Guardian Printed Name

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Date