MEDICAL POLICY

Medication

If your child must have medication of any type given during school hours, including over-the-counter drugs, you have the following choices:

1. You may come to school and give the medication to your child at the appointed time.
2. You may obtain a copy of a medication permission slip from the office. Complete the form by listing the medication(s) needed, dosage and number of times per day the medication is to be administered.

Medication is not to be administered by the student or in the student's possession.

Hillander School office staff will not administer any medication to students unless they have received a medication permission form properly completed and signed by the parent/guardian, and the medication has been received in the original container and appropriately labeled. Hillander School does not provide medication for student use, Tylenol, Advil, Aspirin, Motrin, etc. In fairness to those giving the medication and to protect the safety of your child, there will be no exceptions to this policy.

Injury Policy

Hillander School does not employ a professional medical staff. Staff members will administer minor injury care. The parent will be notified based upon the staff's assessment of the severity of the injury. If critical illness or injury requires immediate attention of a physician, the child's parent will be contacted, during which time the child will be given immediate first-aid. Treatment and/or CPR will be administered as needed. Emergency medical services will be contacted and/or the child will be taken to the nearest emergency room. Hillander School cannot provide onsite professional medical attention. The undersigned parent agrees that their Student may participate in P.E. or recess and or normal routine school day activities that could subject their Student to possible injury. The undersigned releases the School, Board of Trustees, and Staff from any damages as a result of injury caused by or from participating in School activities and or daily routine.

_____   _____

Parent Signature   Date

_____   _____

Child's Name   Grade

2026/2027