

**PALOS COMMUNITY CONSOLIDATED
SCHOOL DISTRICT 118**

MEDICATION AUTHORIZATION

(Fax) East: 708-923-7077 West: 708-923-7064

South 708-448-0754

Policy Highlights (see reverse for details)

- *Pink Med form is required for all OTC and prescription medicine
- *Parents must bring in medication – do not send with child
- *Students may NOT carry any medicine except inhalers, epipens, or emergency medication approved in advance by the principal.
- *All medicine must be provided in a pharmacy or brand labeled bottle with student name, dose, time.
- *Parents must pick up unused medication: any left at the end of the year will be discarded.

(All medications need a Physician's Order. See Medication Administration Policy and Procedures on reverse side.)

Student's Name: _____ Teacher/Team Adviser _____ Grade: _____

Medication: _____ Dosage: _____

Time Given/Instructions: _____ Route: _____ Starting Date: _____

Prescription Medication End Date: _____ Over-the-counter Medication End Date: _____
(Prescription orders must be renewed each school year. OTC's will be discontinued at the end of the school year unless another date is specified.)

Reason for medication and/or intended effect: _____

Possible side effects: _____

Other medications student is receiving: _____

Physician's Name: (Print) _____ Address or Office Stamp: _____

Physician's Signature: _____

Date: _____ Phone: _____ Fax: _____

Over-the-counter medication must be in the manufacturer's labeled container.

Prescription medication MUST be in containers labeled by a physician or pharmacist. (See #2 on reverse)

ASTHMA OR EPINEPHRINE AUTO-INJECTOR MEDICATION ONLY – e.g. Inhalers

1. Student may carry medication on his/her person. ()Yes ()No
2. Student may self-administer medication. ()Yes ()No

(We recommend that "back up" medication be stored in health services as well.)

For only parents/guardians of students who need to carry epinephrine auto-injector and asthma medication: I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and /or epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105ILCS 5/22-30). **If you agree please initial:** _____

Parent(s)/guardian(s)

PARENTAL AUTHORIZATION

For all parents/guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices,** and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name _____

Parent/Guardian printed name _____

Parent/Guardian signature* _____

Date _____

Parent/Guardian signature* _____

Date _____

**Both parents and/or guardians, if available, should sign.*

Physician's orders and parental authorization must be renewed yearly for all prescription medications and for OTC medications with no extended ending date specified by the physician.

ADMINISTERING MEDICATION TO STUDENTS

POLICY

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent/guardian believes that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures.

The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student. The Superintendent shall establish procedures for the administration of medications to students. The procedures shall be substantially based on the Recommended Guidelines for Medication Administration in the Schools published by the Illinois Department of Public Health and the State Board of Education.

Reference: Board Policy 7:270

PROCEDURES AND GUIDELINES

1. **Medication Authorization Form** - No school personnel shall administer to any student, nor shall any student possess or consume *any prescription or non-prescription medication except* after completed Medication Authorization information. This authorization and any subsequent changes shall include:

- Physician, dentist, or podiatrist's (licensed prescriber) written prescription with child's name, medication name, dosage and date of order
- Administration instructions (route, time or intervals, duration of prescription)
- Intended effects and possible side effects; and
- Parent/guardian written permission and phone number in case of emergency.

The school nurse will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information as necessary.

2. **Appropriate Containers** – Medication and refills are to be provided in containers which are:

- Prescription-labeled by a pharmacy or licensed prescriber (to display Rx number, student name, medication, dosage, directions for administration, date and refill schedule, pharmacy label and name/initials of pharmacist); or
- Manufacturer-labeled for non-prescription over-the-counter medication.

3. **Administration** - Medication will be administered by the School Nurse, Health Assistants, or school administrators. Other certificated school personnel may also volunteer to assist in medication administration and will be given instructions by the school nurse. If no volunteer is available, the parent/guardian must make arrangements for administration. The school nurse or administration retains the discretion to deny requests for administration of medication.

4. **Self-Administration** –A student may possess an epinephrine auto-injector (EpiPen®) and/or medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent/guardian has completed and signed a "School Medication Authorization Form."-The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-medication by school personnel. A student's parent/guardian must indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine auto-injector and/or medication or the storage of any medication by school personnel.

5. **Storage and Record Keeping** – Medication will be stored in a locked cabinet. Those requiring refrigeration will be in a secure area. Each dose will be recorded in the student's individual health record. In the event a dose is not administered, the reason shall be entered in the record. The parent may be notified if indicated. To assist in the safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan. For long term medication, written feedback may be provided at appropriate intervals or as requested by the licensed prescriber and/ or parent/guardian.

6. **Documentation, Changes, Renewals, and Other Responsibilities** – To facilitate needed documentation, physician orders, any changes in the orders, and parent permissions may be faxed. It is the parent/guardian responsibility to assure that all physician orders and permissions are brought to school and refills provided when needed and to inform the school nurse of any significant changes in the student's health. Medication remaining at the end of the school year must be taken home or will be discarded. **All prescription medication orders must be renewed each school year. Over-the-counter medication orders must be reviewed and renewed yearly unless another expiration date is specified by the physician.**