

District 29 Medication Authorization

HEALTH SERVICES

Sunset Ridge School 847-881-9455 Fax 847-446-6388
Middlefork School 847-881-9503 Fax 847-446-6221

Student Name _____	Grade _____
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Medication Allergies: _____ Food Allergies: _____ Other Allergies: _____

NON-PRESCRIPTION MEDICATION- *Authorizations are valid for 1 school year.*

Non- prescription *medications must be brought to Health Services by a parent/guardian in a manufacturer-labeled container.*

Medical provider and parent signature are both required. Medication will not be administered without the signatures-please remember that this includes Ibuprofen and Tylenol.

Please authorize medication administration by checking appropriate boxes or filling in *other medication*:

- ☐ **Ibuprofen 1-2 tablets (200 mg ea.) every 6 hours as needed**
☐ **Acetaminophen 1-2 tablets (325 mg ea.) every 4 hours as needed**
☐ **Benadryl 1-2 tablets (25 mg. each) for allergy symptoms or allergic reaction**
☐ **Other medication** _____ Dose _____ Frequency _____

PRESCRIPTION MEDICATIONS-Valid for one school year only

Note- A student may carry a pharmacy labeled inhaler with parent authorization only. Please sign and date at bottom of this page. Name of inhaler medication: _____.

Medications to manage severe allergic reactions and diabetes

A student may carry an Epipen (epinephrine injection), Benadryl, Insulin and diabetic supplies with medical provider and parent authorization.

Epipen with/without Benadryl: _____

Insulin and glucose monitoring: _____

We recommend that *all* emergency medications are stored in the Health Office. It is very important that we have a back-up inhaler that is easily accessible. Please review item #4 on the reverse side regarding self-administration.

Other Prescription Medications: Must be renewed at the beginning of each school year.

All medications must be brought to Nurse's Office by parent/guardian in a prescription-labeled container.

Medication: _____ Dosage: _____

Frequency: _____ Duration of order: _____

Medication: _____ Dosage: _____

Frequency: _____ Duration of order: _____

Other medications not taken at school that may impact learning: _____

Medical Provider Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Physician Office Stamp

Please see reverse side for Administration of Medication Procedure/Guidelines.

05/15

District 29 Sunset Ridge and Middlefork School

ADMINISTRATION OF MEDICATION TO STUDENTS

Parents/guardians have the primary responsibility for the administration of medication to their children. 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 administration of medication to students is subject to guidelines established by the Superintendent or designee, in keeping with state agency recommendations (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education).

PROCEDURES/GUIDELINES:

1. **Medication Authorization Form** - School personnel shall not administer to any student, nor shall any student possess or consume *any prescription or non-prescription medication* unless the student's parent has provided the school with a completed Medication Authorization form. The school nurse reviews the written authorization and may consult with the parent/guardian, licensed prescriber or pharmacist for additional information as necessary. Authorization and any subsequent changes include:
 - A. Physician, advanced practice registered nurse, physician's assistant, dentist, or podiatrist-licensed prescriber's written prescription
 - B. Student's name, medication name, dosage and date of order
 - C. Administration instructions (route, time or intervals, duration of prescription)
 - D. Reason/intended effects and possible side effects
 - E. Parent/guardian written permission.
2. **Appropriate Containers** - Medication and refills are to be provided in containers, which are:
 - A. Prescription labeled by a pharmacy or licensed prescriber displaying Rx number, student name, medication, dosage, and directions for administration, date and refill schedule and pharmacist name.
 - B. Manufacturer labeled, **unopened** non-prescription over-the-counter medication.
3. **Administration of Medication** will be by Certificated School Nurse, Registered Nurse, or school administrator. Other school personnel may also volunteer to assist in medication administration and may be given instructions by the 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 self-administer medication at school and activities if so ordered by his/her medical provider. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma or allergies, the physician may also order that the student carry the medication on his or her person for his/her own discretionary use according to medical instructions, however no daily documentation will be possible in this case. Students may carry prescription labeled inhalers with parent written permission only. Self-administration privileges may be withdrawn if a student exhibits behavior indicating lack of responsibility toward self or others with regards to medication. Parent signature on this form acknowledges that "the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians 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 self-administration of medication by the pupil." (Reference IL PA92-0402)
5. **Storage and Record Keeping** - Medication will be stored in a locked cabinet. Medication requiring refrigeration will be stored 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. Parents may be notified if indicated and it shall be entered in the record. To assist in 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 required documentation, medical orders, changes in medical orders, and parent permissions may be faxed to Health Services. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student's health. Medication remaining at the end of the school year must be released to a parent/guardian or it will be discarded. **Every prescription and over-the-counter medication order must be renewed each school year.**