

**THE JOSEPH SEARS SCHOOL DISTRICT NO. 38  
MEDICATION AUTHORIZATION FORM**

Health Office Phone: 847-853-3866 School Fax: 847-256-4418

*All medications require written physician authorization. This form must be renewed annually. One form per student.*

<b>Student Name:</b> _____	<b>Birthdate:</b> _____	<b>Grade:</b> _____
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**Medication Allergies:** \_\_\_\_\_

**NON-PRESCRIPTION MEDICATIONS**

The Nurse’s Office keeps these medications in stock: Ibuprofen, (Advil) Acetaminophen (Tylenol), and Benadryl (diphenhydramine). All other non-prescription medications must be brought to the Nurse’s Office by a parent/guardian in a manufacturer-labeled container.

Please authorize medication administration by checking the appropriate boxes:

- Ibuprofen                      Dose: \_\_\_\_\_                      Frequency: \_\_\_\_\_
- Acetaminophen                  Dose: \_\_\_\_\_                      Frequency: \_\_\_\_\_
- Benadryl                          Dose: \_\_\_\_\_                      Frequency: \_\_\_\_\_
- Other Medication*              Dose: \_\_\_\_\_                      Frequency: \_\_\_\_\_

**PRESCRIPTION MEDICATIONS**

**Medications for asthma, allergies and diabetes:**

A student with physician and parent authorization may carry an Epipen or diabetic supplies. A student may carry a pharmacy labeled inhaler with parent authorization. Please sign below. Please review item #4 on the reverse side regarding self-administration. Back up medication stored in the Nurse’s Office is encouraged in case of emergency.

Inhaler: \_\_\_\_\_

**Physician orders for:**

Epipen: \_\_\_\_\_

Insulin and glucose monitoring supplies: \_\_\_\_\_

Student may carry and self-administer medication:                      yes                      no                      (circle one)

**Other Prescription Medications:**

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

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Route: \_\_\_\_\_ Duration of order: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Route: \_\_\_\_\_ Duration of order: \_\_\_\_\_

Medical Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Signature of parent/guardian on this form indicates acknowledgement of the procedures and guidelines.*

Parent Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please see reverse side for Administration of Medication Policy and Procedures*

(Office Stamp)
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**The Joseph Sears School**  
**Administration of Medication to Students**

Parents/guardians have 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, to maintain the student in school, or in the event of an emergency. 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 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 filing a complete medication authorization form. This authorization and any subsequent changes shall include:

- a. Licensed prescriber's written, signed and dated prescription. Licensed prescribers include physicians, advanced practice registered nurses, physician's assistants, dentists and podiatrists. The prescription shall include the child's name, date of birth, medication name, date of order and date of discontinuation, if applicable.
- b. The child's diagnosis related to the medication, possible adverse effects, and other medications being taken.
- c. Administration instructions including: dose, route, and frequency. Please note: Medications taken three times a day should be given at home before school, after school, and at bedtime; unless specifically ordered otherwise.
- d. Parent/guardian written permission.

The school nurse will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information if necessary. Nurses are responsible for their own actions regardless of the licensed prescriber's written order, and have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent/guardian, the student's prescriber and the school administration.

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

- a. Prescription-labeled by a pharmacy or licensed prescriber (must display student's name, prescription number, medication, dose, directions for administration, date and refill schedule, pharmacy label, and pharmacist identifying information). Please ask the pharmacist for a second, properly labeled bottle for school.
- b. Manufacturer-labeled container for non-prescription over the counter medication.

Medications sent to school in lunch boxes, baggies, envelopes or like containers will not be dispensed.

**3. Administration**—Medication will be administered by a certificated school nurse, registered nurse, or school administrator. Teachers or other employees cannot be required to administer medication or supervise self-medication, although they may volunteer to do so after receiving training in the correct procedure. This does not prohibit any school employee from administering emergency assistance to a student. If no volunteer is available, the parent/guardian must make arrangements for administration. A student's parent/guardian may come to school to administer medication to his/her own child. 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. A completed medication authorization form must be on file. 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 and allergies, the prescriber 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. Self-administration privileges may be withdrawn if the student exhibits behavior which indicates lack of responsibility toward self or others in regard to his or her medication. Signature of the parent on this form indicates that parent/guardian 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.

**5. Stock Medications**—Acetaminophen, Ibuprofen, and Benadryl in liquid and tablet form; child and adult strength and auto-injector (Epi-pen), are kept in stock at school as a courtesy to students. A completed medication authorization form must be completed before these medications can be dispensed. In an emergency, a one-time dose can be given with parent/guardian or designee phoned permission. No further emergency doses will be provided without the completed form on file.

**6. Storage and Record Keeping**—Controlled substances will be stored in a locked cabinet. Medications 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.

**7. Documentation, Changes, Renewals and Other Responsibilities**—To facilitate needed documentation, medication prescriptions or dosage changes and parent permission forms may be faxed. It is the parent/guardian's responsibility to assure that all medication prescriptions and required forms are brought to school, refills provided when needed and to inform the school nurse of any changes in the student's health or medications. Medication remaining at the end of the school year will be discarded unless removed by the parent/guardian. Medication authorization forms must be renewed every year. Copies of this policy and form shall be given to the parents/guardians of each student within 15 days of the beginning of the school year.