

COMMUNITY UNIT SCHOOL DISTRICT 200

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION IN SCHOOL

STUDENT'S NAME _____ DATE OF BIRTH _____
PARENT/GUARDIAN _____ HOME PHONE _____
ADDRESS _____ GRADE/TEACHER _____

TO BE COMPLETED BY THE PHYSICIAN: PHYSICIAN MUST AUTHORIZE CHANGES IN DOSAGE IN WRITING.

Name of Medication _____ Administration Route _____ Dosage _____
Frequency _____ Time to be given in school _____
Student's Diagnosis _____
Possible Side Effect(s) _____
Intended Effects of this Medication _____
Time Interval for Re-evaluation of Prescription _____
Other Medication(s) Student is Receiving _____
Is it absolutely necessary that this medication be administered in school? Yes _____ No _____
Is this student authorized to self-carry and self-administer asthma or epinephrine medication? Yes _____ No _____
(See reverse side for guidelines)

PHYSICIANS NAME (PRINT) _____ PHYSICIAN'S SIGNATURE _____ DATE _____

ADDRESS _____ PHONE - OFFICE _____ PHONE - EMERGENCY _____

PARENT AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

TO BE COMPLETED BY PARENT OR GUARDIAN:

I hereby confirm that I have reviewed and understand District 200's policy regarding the administration of medication in school. I hereby authorize District 200 and its employees and agents, in my behalf and stead, to administer or attempt to administer to my child lawfully prescribed medication in the manner described on the Physician's Order for Administration of Medication in School form 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 nurse, and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Finally, I understand and agree that it is my responsibility according to District 200 policy to deliver the legally prescribed medication to and from the school myself or via another adult designee.

Parent/Guardian Signature _____ Date _____

(TO BE COMPLETED ONLY IF SELF ADMINISTRATION BY STUDENT IS BEING CONSIDERED): I authorize my child to self-carry and self-administer his/her asthma or epinephrine medication or other medication prescribed by health care provider. I have read, understand, and agree to the School District's Guidelines for Self-Administration of Medication in School which are printed on the reverse side of the form. The location he/she will keep medication at school is _____. I understand that the school district and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by the pupil regardless of whether authorization was given by the pupil's parents or guardians or by the pupil's physician, physician's assistant, or advanced practice registered nurse.

Parent/Guardian Signature _____ Date _____

ADMINISTRATION OF MEDICATION IN SCHOOL

DISTRICT 200 POLICY

Teachers and other non-administrative school employees, except nurses licensed by the State of Illinois, shall not be required to administer medication to students. Parent(s)/guardian(s) are responsible for administering medication to their children. Administering medication during school hours or during school-related activities is discouraged unless it is necessary for educational benefit and/or critical health and well being of the student.

Acknowledging that occasionally a medication must be administered during the school day, a registered professional nurse, if available, shall administer the medication. If a nurse is unavailable, a building administrator or a designee of theirs who volunteers to administer the medication may either: a) supervise the self administration of the medication; or b) administer the medication him or herself.

Students medically identified to be insulin dependent diabetes shall be allowed to self carry their insulin via a delivery devise.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

PARENT RESPONSIBILITIES

1. All prescription and non-prescription medications given at school require a doctor's order and parent permission. Parent/guardian must provide a completed "Physician's Order for Administration of Medication in School" form each school year.
2. The student's parent or guardian must renew written orders for continuing medications at the beginning of the school year and whenever a change in the child's medication or health occurs or upon request of the school nurse. The school must receive an updated physician's order in writing before the new dosage can be given.
3. Medication must be provided in its original container labeled by the pharmacist with the student's name, medication, and dosage as it is to be given at the school. A second small labeled container is required to allow a student to receive their medication on events outside the school building.
4. Medications must be brought to school by a parent or a designated adult and are never to be sent to school with the student. Properly documented asthma and epinephrine medications are an exception to this guideline.
5. Self administration of asthma inhalers is permitted without a doctor order, but requires the *student's* prescription label, which must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered and parental signature on the district medication form. (See guidelines below.)
6. The initial dose of any medication should be given at home.
7. Medications and special items necessary to administer medications (such as syringes and hypodermic needles) must be supplied by a parent or guardian and will be stored in an appropriate separate locked area..

GUIDELINES FOR SELF-ADMINISTRATION OF MEDICATION

1. Proper documentation (medication administration form) must be completed before a student is allowed to carry self administered medications.
2. The student who participates in self-administration of medication must demonstrate consistent responsibility in:
 - A. Understanding when it would be medically appropriate to take medication.
 - B. Knowing how to administer the medication and how frequently it can be taken.
 - C. Being familiar with expected effects and possible side effects of the medication.
 - D. Understanding that medication is not to be shared with anyone.
 - E. Seeking additional help from the teacher or health office if symptoms persist or if student is experiencing side effects or after administering epinephrine.
3. The student's name must be marked on the medication in case it is misplaced.
4. The school will not keep a record of medication administration for the student.
5. Students will be allowed to self-administer approved medication during the school day, at school sponsored activities and under the supervision of school personnel or before or after normal school activities (BASP).
6. 911 will be called after epinephrine is administered. Student must notify the teacher/nurse.
7. The privilege will be revoked for safety reasons if the student does not demonstrate appropriate responsibility.