

COMMUNITY UNIT SCHOOL DISTRICT 200
AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

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

I. TO BE COMPLETED BY THE PHYSICIAN (except for student self-administering asthma medication, see Section II below).

Name of Medication _____ Administration Route _____ Dosage _____
Time/Circumstances when Medication Should be Administered in School _____
Student's Diagnosis _____
Possible Side Effect(s) _____
Intended Effects of this Medication _____
Date of Prescription _____ Discontinuation Date _____

Is it absolutely necessary that this medication be administered in school? Yes _____ No _____

Self-Administration of Epinephrine: _____ Yes _____ No. The student listed above has a life threatening allergy that medically necessitates the immediate administration of epinephrine followed by emergency medical attention. I have determined that it is medically necessary for this child to carry an epinephrine auto-injector. The student has been instructed in the self-administration of the medication listed above and is capable of administering the medication independently. The student understands the need for the medication and the necessity to notify a staff member and the health office immediately following the self-administration of the epinephrine auto-injector. (See Paragraph C - Self-Administration of Medication Guidelines in the attached document entitled "Information Regarding Administration of Medication in School).

Self-Administration of Diabetes Medication: _____ Yes _____ No. The student listed above has been diagnosed with diabetes. I have determined that it is medically necessary for this child to possess his/her diabetes medication and the equipment and supplies necessary to monitor and treat his/her diabetic condition pursuant to his/her Diabetes Care Plan. The student has been instructed in the self-administration of the medication listed above and use of his/her diabetes supplies and equipment and is capable of doing this independently. The student understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. (See Paragraph C - Self-Administration of Medication Guidelines in the attached document entitled "Information Regarding Administration of Medication in School)

***For students with diabetes, the physician should also approve and sign the student's diabetes care plan.**

***Physician must authorize changes in dosage of any medications in writing.**

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

I may be reached at the following phone number in the event of a reaction to the medication or an emergency.

ADDRESS PHONE-OFFICE PHONE - EMERGENCY

II. TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN FOR STUDENT SELF-ADMINISTERING ASTHMA

STUDENT'S NAME _____ DATE OF BIRTH _____

Name of Medication _____ Administration Route _____ Dosage _____

Time/Circumstances when Medication Should be Administered in School _____

Student's Diagnosis _____

Possible Side Effect(s) _____

Intended Effects of this Medication _____

Date of Prescription _____ Discontinuation Date _____

Self-Administration of Asthma Medication: ____ Yes ____ No. My child has been diagnosed with asthma and has been prescribed asthma medication by a qualified health care professional. I hereby authorize my child to self-carry and self-administer his/her asthma medication as prescribed by his/her physician. My child's physician has instructed my child in the self-administration of his/her medication and has indicated that my child is capable of doing this independently. My child understands the need for the medication and the necessity of reporting to school personnel any unusual side effects. I have read, understand, and agree to the School District's Guidelines for Self-Administration of Medication (Paragraph C of the attached document entitled "Information Regarding Administration of Medication in School).

Parent/Guardian Signature _____ Date _____

III. TO BE COMPLETED BY THE STUDENT'S PARENT OR GUARDIAN FOR AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

I, _____, parent/guardian of _____, confirm that I have reviewed and understand District 200's Policy regarding the administration of medication in school. I understand that I am primarily responsible for administering medication to my child. However, in a medical emergency or if necessary for the critical health and well-being of my child. I hereby authorize District 200 and its employees and agents, on my behalf and in my stead, to administer or attempt to administer to my child, or to allow my child to self-administer while under the supervision of the employees and agents of District 200, lawfully prescribed medication in the manner described by my child's physician 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 will notify the school in writing if the medication is discontinued and will obtain a written order from the physician if the medication dosage or treatment is changed. I understand that this medication authorization is only effective for the current school year and will need to be renewed each subsequent school year.

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 District 200, its employees and agents arising out of the administration or self-administration of said medication. In addition, I agree to hold harmless and indemnify the 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 regardless of whether the authorization was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse. In addition, I agree to indemnify and hold harmless District 200, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration, attempts at administration, or self-administration of said medication, except a claim based on willful or wanton conduct, regardless of whether the authorization for self-administration of medication was given by me, as the child's parent/guardian, or by my child's physician, physician's assistant, or advanced practice registered nurse.

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 _____

INFORMATION REGARDING ADMINISTRATION OF MEDICATION IN SCHOOL

A. DISTRICT 200 POLICY

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 the educational benefit and/or critical health and well being of the student. Acknowledging that occasionally a necessary medication must be administered during the school day, the District shall administer the medication. If a nurse is unavailable to administer the medication, a building administrator or a designee who volunteers to administer the medication will either: a) supervise the self-administration of the medication; or b) administer the medication to the student.

Parents/guardians are encouraged to be present and to administer required medications (*e.g.*, insulin, inhalers, epinephrine, etc.) to their child during school sponsored field trips and extracurricular activities (*e.g.*, athletic events, musical concerts, performances, etc.) when their child has not yet been approved to independently self-administer their medication. In the event that a parent/guardian will not be present to administer their child's required medication during a school sponsored field trip or extracurricular activity, the parent/guardian must notify the Principal at least five (5) days prior to the scheduled event so that District 200 may appoint another party to serve the child in this capacity. Doctors, parents and school staff will discuss when a student is able to independently administer medication and no longer needs the assistance of a parent or school staff member designated to assist in care of medical needs (*i.e.*, delegated care aide).

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

B. PARENT RESPONSIBILITIES

1. All prescription and non-prescription (*e.g.*, Tylenol, Advil, cough medicine, cough drops, cold remedies, etc.) medications given at school require a doctor's order and parent permission. Parent/guardian must provide a completed "Authorization for Administration of Medication in School" form each school year for the administration of prescription and non-prescription medications.
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 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, epinephrine and diabetes medications are an exception to this guideline when the student has been approved to self-administer such medications.
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's Authorization for Administration of Medication in School 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.
8. In the event that a parent/guardian is not able to administer his or her child's required medication during a school sponsored field trip or extracurricular activity and the child has not yet been approved to independently self-administer their medication, the parent/guardian must notify the Principal at least five (5) days prior to the scheduled event so that District 200 may appoint another party to administer required medication for the child.

C. GUIDELINES FOR SELF-ADMINISTRATION OF MEDICATION

1. Proper documentation (Authorization for Administration of Medication in School form) must be completed before a student is allowed to carry self-administered medications (*e.g.*, inhaler, insulin, epinephrine, etc.). Students are not permitted to keep

medication on their person or in their lockers unless authorized to possess and self-administer medication due to risk of anaphylaxis or an asthmatic or diabetic condition.

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 after administering medication .
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 under the supervision of school personnel during the school day, at school sponsored activities and at before or after school activities.
6. 911 will be called after epinephrine is administered. Student must notify the teacher/nurse.
7. The privilege to self-carry and self-administer medication will be revoked for safety reasons if the student does not demonstrate appropriate responsibility.
8. District 200 is committed to supporting capable students, assuming appropriate parental and medical authorization is provided, in becoming independent in their ability to self-administer epinephrine, an asthma inhaler and insulin to treat their medical condition.