



**Medication Authorization Form 2010-11**  
**ALL MEDICATIONS REQUIRE PHYSICIAN AND PARENT SIGNATURES**

Health Services

PHONE: 847/425-5816 FAX: 847/425-5801

Student Name _____	Birth Date _____	Grade _____
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Medication Allergies: \_\_\_\_\_ Child's Weight: \_\_\_\_\_

**NON-PRESCRIPTION MEDICATIONS**

Health Services keeps the following medications in stock. All other non-prescription medications must be brought to Health Services by a parent/guardian in a manufacturer-labeled container. Students cannot carry their own medication. This medication authorization form is only valid for the 2010-11 school year. **This form requires a physician's signature**, even for over-the-counter medications.

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

- |  |   |
|--|---|
| <input type="checkbox"/> Children's Tylenol    | <input type="checkbox"/> Adult Tylenol  |
| <input type="checkbox"/> Children's Motrin     | <input type="checkbox"/> Adult Advil    |
| <input type="checkbox"/> Children's Benadryl   | <input type="checkbox"/> Adult Benadryl |
| <input type="checkbox"/> Chloraseptic lozenges | <input type="checkbox"/> Tums           |

For above medications: the medication manufacturer's recommendations will be followed for dosage and frequency based on student age, height and weight, unless otherwise directed by the physician: \_\_\_\_\_

Reason \_\_\_\_\_

Other medication \_\_\_\_\_ Dose \_\_\_\_\_ Frequency \_\_\_\_\_

Reason \_\_\_\_\_

**PRESCRIPTION MEDICATIONS**

**Medications for specific diagnosis (check any that apply):** Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Diabetes \_\_\_\_\_ Other \_\_\_\_\_

A student with physician and parent authorization may carry a labeled inhaler, Epipen with Benadryl, or Insulin and diabetic supplies. Please review item #4 on reverse side regarding self-administration.

Back-up medication stored in Health Services is encouraged in case of emergency.

Individual Health Care plans will need to be filled out by parent/physician. See School Nurse for a form.

**Reason:** \_\_\_\_\_

**Physician orders for:**

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

Epipen with/without Benadryl: \_\_\_\_\_

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

**Other Prescription Medications:**

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

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

Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_ Duration of order: \_\_\_\_\_

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

Frequency: \_\_\_\_\_ Reason: \_\_\_\_\_ Duration of order: \_\_\_\_\_

Other medications not taken at school that may impact learning: \_\_\_\_\_

Medical Provider Signature \_\_\_\_\_ Phone Number: \_\_\_\_\_

**(This form must be signed by a doctor)**

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

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

# Baker Demonstration School

## ADMINISTRATION OF MEDICATION TO STUDENTS

### POLICY:

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.

### PROEDURES/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* except after filing complete medication authorization information. The school nurse reviews the written authorization and consults with the parent/guardian or physician for additional information as necessary. Authorization and any subsequent changes include:
  - A. Physician'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 non-prescription over-the-counter medication.
3. **Administration of Medication** will be by the Certificated School Nurse, Registered Nurse, or school administrator. Parents must provide advance notice to the school nurse of field trips or other off campus activities. Other certificated 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. 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. **Stock Medications** – Children's Tylenol and Motrin, Adult Tylenol and Advil, Children's and Adult Benadryl, Tums, and Chloraseptic lozenges are kept in stock at school as a courtesy to students, however a completed Medication Authorization Form must be provided for their use. In an emergency, a one-time dose may be given with phoned parent permission. A Medication Authorization Form will then be sent home for completion and no further doses will be provided without the completed form on file.
6. **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.
7. **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 medication order must be renewed each school year. Over-the-counter medication orders must also be renewed annually.