

REQUEST FOR ADMINISTRATION OF MEDICATION

Barrington 220

310 E. James St., Barrington, IL 60010

To Be Completed By Licensed Prescriber

(Student's name) (Date of birth) (Grade/rm)

Should take _____
(Name of Medication) (dosage)

At _____ by _____ for _____
(time of day) (route) (period of time)

Diagnosis of disease or injury _____

Desired benefits of medication _____

Medication side effects _____

Other medication student is receiving _____

For Self Administration of asthma inhaler, epinephrine auto-injector, or insulin:

Self-Administered (Pupil has the discretion as to the use of his/her medication)

() Yes

*I certify that _____ has been instructed in the use and self-administration of _____. He/she understands the need for the medication and the necessity to report to school personnel any unusual side effects.

*Under what circumstances: _____

() No

Doctor's name printed _____ Telephone _____

Address _____ Fax _____

Doctor's signature _____ Date _____

To Be Completed By Parent/Guardian

I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described 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 school nurse and specifically consent to such practices, and I agree to 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 administration or the child's self administration of medication. I agree to the terms of the procedures for the administration of medication. I further completely release Community Unit School District 220 and its employees and agents of any liability or obligation of any nature in any way related to the I also understand that my signature on this form denotes permission for the school nurse and the prescribing physician to confer regarding the administration/monitoring of this medication.

Parent/Guardian signature

Date

For students who need to carry asthma inhaler, epinephrine auto-injector or insulin: He/she is capable of using this medication independently while in school, while at school sponsored activities, such as in before-school or after-school care on school operated property. If you agree please initial: _____

Medication Policy and Procedure Summary

Policy 7:270 Administering Medicines to Students

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed care provider and parent/guardian believe that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication. Parent(s)/guardian(s) may authorize their child to self-administer a medication according to the District's procedures for student self-administration of medication. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures. No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian.

A Student may possess, for immediate use at the student's discretion (1) an epinephrine auto-injector, and/or (2) medication prescribed for asthma, provided the student's parent/guardian has completed and signed a "School Medication Authorization Form." The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector or the storage of any medication by school personnel. A student's parent/guardians must indemnify and hold harmless the School District and its employees and agents, against any claim, except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine auto-injector and/or medication or the storage of any medication by school personnel. Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

Medication will be provided to a student after:

1. Receipt of the "Request for Administration of Medication" authorization form, completed and signed by the licensed prescriber and the parent/guardian. This is for all medication (except asthma reliever medication) including prescription and non-prescription medication.
2. Medication must be in a properly labeled container with the name of the student, the licensed prescriber, name of the medication, dosage, route, time to be given, and the pharmacy name.
3. Non-prescription medication should be in the original manufacturer's package and the student's name affixed to the container.
4. Medication has been brought to school by the parent/guardian or other responsible adult. This is to insure your child's safety and for the prevention of any loss or misuse of the medication.
5. In cases where the medication dosage is altered, another *Request for Administration of Medication* form must be completed or the licensed prescriber may re-write the order on his prescription pad and the parent will sign a new medication form. If a child's medication is to be discontinued, both the parent/guardian and the licensed prescriber must notify the school in writing.
6. At the Middle Schools and High School only, acetaminophen and ibuprofen may be given to students with parent/guardian signature on the emergency card. Standing orders have been approved for use under supervision of the registered nurse.
7. For the fifth grade outdoor environmental educational experience only, standing orders for acetaminophen, ibuprofen and Diphenhydramine may be given to students under the supervision of the registered nurse, with parent/guardian signature on the "Request for the Administration of Medication(s) per Standing Orders for Fifth Grade Environmental Education Only" form.

Self-Administration is defined as: Situations in which students carry their own medication on their person and administer that medication to themselves during the school day (The pupil has the discretion as to the use of his or her medication), as ordered by their licensed prescriber and authorized by their parent/guardian and the School District. School District personnel do not handle this medication, nor is it stored in the school's medication cabinet/drawer. There is no documentation of where and when it was used.

Authorization for Self-Administration of Medication for Quick Reliever Asthma Medication: Asthma reliever medications do not require permission from a licensed prescriber. However, the following must be provided by the parents/guardians:

1. Receipt of the "Request for the Self Administration of Asthma Reliever Medication" authorization form, completed and signed by the parent/guardian.
2. A copy of the prescription label must be affixed to the request form. The label 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.
3. The registered nurse will complete an asthma assessment to assess student's ability to self-administer safely. The parent/guardian will be contacted if the assessment concludes that self-administration may not be safe, and an alternative plan will be developed with parents, the nurse, and, if necessary, the treating physician.
4. A student agreement to carry the asthma inhaler will be signed indicating understanding of the medication and proper use; that the medication will not be shared; and that they will notify a responsible adult if there is no marked improvement after the prescribed dose is given.

Self-Administration of Epinephrine Auto-Injector or Insulin:

1. Some students may need to carry their emergency medication on their person, and use it on an "as needed" basis. These situations require a licensed prescriber's order and parental/guardian permission as indicated on the appropriate *Medication Authorization Form*.
2. The registered nurse will complete a self-administration of medication assessment. If the student does not show responsibility with the medication, the parent/guardian and licensed prescriber will be notified. The student will be further educated about the proper reason and proper use of the medication.
3. A student agreement to carry the specific medication will be signed indicating understanding of the medication and proper use; that the medication will not be shared; that they will notify a responsible adult if there is no marked improvement after the prescribed dose is given; and in the event of epinephrine use, they must notify a responsible adult so that 911 can be called.
4. Permission allows the student to possess and use his or her medication while in school, while at a school sponsored activity, while under the supervision of school personnel, or before or after school activities, such as while in before-school or after-school care on school-operated property.

Disposal: The parent/guardian will be responsible, at the end of the treatment regime, for removing from the school any unused, discontinued or outdated medication which was prescribed for their child.