

HEALTH SERVICES – NORTH BOONE COMMUNITY SCHOOLS
Authorization for the Administration of Medication

Name of Student _____	Birthday _____
Address _____	Telephone # _____
Parent Name _____	School _____

Physician's Statement

Name of Medication/Diagnosis _____

Dosage/Route of Medication _____

Frequency/Time to be Administered _____

Duration (week, month, etc.) _____

Diagnosis Requiring Medication _____

Intended Effect of the Medication _____

Possible Side Effects _____

Other Medication Student is Receiving _____

PHYSICIAN SIGNATURE: _____

Physician Emergency Telephone Number _____ Date _____

Parent Request/Approval

By signing below, 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 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 the 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 self administration of medication

PARENT/GUARDIAN SIGNATURE: _____

Emergency Telephone Number _____ Date _____

Self-Administration

I authorize the School District and its employees and agents to allow my child or ward to possess and use his/her own asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before or after school care on school operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, 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 (105 ILCS 5/22-30)

"I take full responsibility for the appropriate use of the medication by the student named above and I want my student to carry this medication with him/her. I understand that distribution to any other student will result in suspension and possible expulsion of my child."

PARENT/GUARDIAN SIGNATURE: _____ Date _____

NORTH BOONE COMMUNITY SCHOOLS
6248 North Boone School Road
Poplar Grove, IL 61065

NORTH BOONE HEALTH SERVICES

TO: PARENT
FROM: SCHOOL NURSE
RE: MEDICATION ADMINISTRATION

Our school medication policy follows the recommended guidelines from the Illinois Department of Public Health and Illinois State Board of Education. It states that the administration of medication to students during regular school hours and during school related activities should be discouraged unless absolutely necessary for the critical health and well-being of the student. This includes both PRESCRIPTION AND ANY OVER-THE-COUNTER (OTC) medication.

However, under certain conditions, it may be necessary for the student to take prescribed or over-the-counter medication during school time. All medications, including non-prescription drugs, given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. This excludes standing orders. The only exception would be throat lozenges or cough drops (not candy or liquids) which may be sent to school if a parent provides them and writes a note requesting their child be allowed to use them during school. All notes are to be checked by the nurse.

A written order for prescription and non-prescription medications must be obtained from the student's licensed prescriber (defined as physician, dentist, or podiatrist). Medication must be brought to school by a responsible adult and must be in the original container or package including all prescription or OTC information. In addition to the prescriber's order, a written request shall be obtained from the parent/guardian requesting the medication be given during school hours. It is the parent/guardian's responsibility to assure that the licensed prescriber, written order, written parent request, and medication are brought to school.

All prescription medication sent to school must be properly labeled with name of student, prescription number, doctor's name, name of medication, administration route and/or other directions, date and refill, pharmacy name, address, and phone number, and name or initials of the pharmacist. All over-the-counter medication must be in the original container or package.

All prescriptions for any medications are renewed at least yearly. A new written doctor order must accompany any dosage changes in a student's present medication order.

On the reverse side of this page are the proper permission sections for both parent/guardian and physician to complete. Please return the completed form to school with the medication.