

## ADMINISTRATIVE PROCEDURE – DISPENSING MEDICATION

As established by The School Code, the policy of the State of Illinois is to discourage the administration of medication to students during regular school hours and during school-related activities unless absolutely necessary for the critical health and well-being of the student. In this regard parents need to consult with the prescribing physician to determine a schedule of medication that can be done before or after school.

In those instances where medication must be taken at school, District 108 Board of Education policy 7.270 establishes guidelines for administration of medication under the supervision of the school nurse in cooperation with the building principal. When deemed appropriate, the school nurse will consult with the prescribing physician to review the need to administer at school before approving medication at school.

**No school personnel shall administer to any student, or shall any student possess or consume any prescription or non-prescription medication except after the filing with the school district of a completed and signed school medication authorization form, a copy of which is on the back of this paper. This form shall be completed by the student's parent and physician and shall be on file at the school district prior to the dispensing of any medication to a student.**

All student medication shall be left with the school nurse or health aide during the school day. Such medication shall be stored in a locked cabinet in the nurse's office. Medication that must be carried with the student (i.e. inhaler for asthma) must have physician clearance in writing to that effect.

All **prescription** medication shall be stored in its original labeled pharmacy container, with the prescribing physician's name, contents, student's name, dosage, and the administration instructions clearly designated on the label. Up to one (1) week's supply shall be kept at the school. (In certain circumstances, more medication may be maintained at the school.)

All **non-prescription** medication shall be stored in its original labeled pharmacy container with contents, dosage, and student's name clearly marked on the label. Up to one (1) week's supply shall be kept at the school. (In certain circumstances, more medication may be maintained at the school.)

A record shall be kept of all medication dispensed to students, specifying the time of dispensation, dosage, and supervising personnel in the nurse's office. The administering personnel shall sign the medication log.

A student may self-administer medication with written parental consent and the physician's written permission, when under the supervision of school personnel (i.e. school nurse, health aide). A record shall also be kept as in the paragraph above. This may also include medication taken by a student in an emergency situation not under the supervision of a school nurse, principal, or principal's designee and/or emergency medication carried on their person (e.g. asthma inhaler, epi-pen).

Thank you for your understanding of, and cooperation with these necessary regulations. If you have any questions, please contact the school nurse at either East or West campus.

Sincerely,

Mary McDonald R.N.,B.S.N. Lucy Brinka, B.S.N., M.H.S. East Campus, 295-5236 West Campus,  
295-5335

**SCHOOL MEDICATION AUTHORIZATION FORM**

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Birth  
date: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, hereby authorize Lake Park High School District #108 and its employees and agents, in my behalf, 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 below. I further acknowledge and agree that, when the lawfully prescribed medication is so 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 indemnify and hold harmless the school district, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorneys fees and costs expended in defense thereof, incurred or resulting from the administration of said medication. In addition, I hereby consent to any communication deemed necessary by the school nurse with the prescribing physician listed below to discuss the prescription, medication or dosage to be administered pursuant to this School Medication Authorization form. This consent and release shall expire at the close of the 2010-2011 school year.

Parent's Signature Date

**TO BE COMPLETED BY THE STUDENT'S PHYSICIAN**

Name of medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

\_\_\_\_\_ Time: \_\_\_\_\_ Duration of Administration: \_\_\_\_\_

\_\_\_\_\_ Type of Disease or Illness: \_\_\_\_\_

\_\_\_\_\_ May the student self-administer this medication

under the supervision of school personnel? Yes \_\_\_\_\_ No \_\_\_\_\_ Must this medication be administered during the school

day in order to allow the child to attend school? Yes \_\_\_\_\_

No \_\_\_\_\_ Must this medication be carried with the student? Yes \_\_\_\_\_ No \_\_\_\_\_ Are there any side effects to the

medication? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please

specify: \_\_\_\_\_

Doctor's Name (print) Doctor's Signature Date Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

\_\_\_\_\_ Emergency Telephone Number: \_\_\_\_\_

Additional instructions: