

STUDENTS

Rules and Regulations – Administering Student Medication

Definition

1. “Prescription medication” means any medication prescribed by a licensed physician, nurse practitioner or dentist.
2. “Non-prescription medication” means any medication that can be obtained over the counter.

Student Medical Authorization

1. No school personnel shall administer to any student, nor shall any student consume any prescription or non-prescription medication except after filing a completed and signed Bannockburn School District 106 Medication Authorization Form with the district. This form shall be completed by the student’s parents and physician and shall be on file in the school office. This form shall be filed prior to dispensation of any medication to a student and the form shall specify the times at which the medication must be dispensed and the appropriate dosage. The office will not dispense any medication unless this form is completed and on file with the school.
2. If a student is on a medication indefinitely, the parent/guardian must file a new Bannockburn School District 106 Medication Authorization Form every year.

Personnel Authorized to Administer or Supervise Medication

1. All student medication shall be left with office personnel during the school day **except when the physician and parent request self-administration of asthma medication and/or an epinephrine auto injector (Epi-Pen®).**
2. All such medication will be clearly marked with the students’ name, doctors’ name, prescription number, administration route and/or other direction, dated to be taken, pharmacy name, address and phone number, contents and dosage in the original labeled pharmacy container. Non-prescription medications must be brought to school in the manufacturer’s original container with the label indicating the ingredients and the student’s name affixed.
3. A locked cabinet will be provided in the office for the storage of student medication. Medication requiring refrigeration will be refrigerated in a secure area.
4. A record shall be kept of all medication dispensed to students, specifying the time of dispensation, dosage and supervising personnel. Document whenever the medication is not administered as ordered, as well as the reasons.
5. At the end of the treatment regime, return any unused medication from the school to the parents/guardians.

**BANNOCKBURN SCHOOL DISTRICT 106
MEDICATION PERMISSION AND INSTRUCTION**

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year:

Student's Name: _____ Grade: _____ Birth Date: _____
Address: _____
Home Phone: _____ Emergency Phone: _____
School: Bannockburn School Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, or advanced practice RN:

Physician's Printed Name: _____
Office Address: _____
Office Phone: _____ Emergency Phone: _____
Medication name: _____
Purpose: _____
Dosage: _____ Frequency: _____
Time medication is to be administered or under what circumstances:

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day ? Yes No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature

Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen®:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her 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-school 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). *If you agree please initial:* _____

Parent(s)/guardian(s)

For all parents/guardians:

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 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.

Parent/Guardian printed name

Parent/Guardian printed name

Parent/Guardian signature*

Date

Parent/Guardian signature*

Date

* Both parents and/or guardians, if available, should sign.