



Students

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 health 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.

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. 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.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parents/guardians of students.

Self-Administration of Medication

A student may possess an epinephrine auto-injector, e.g. EpiPen®, and/or asthma medication prescribed for use at the student's discretion, 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/guardian must 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 a student's self-administration of an epinephrine auto-injector and/or medication, or the storage of any medication by school personnel.

School District Supply of Undesignated Epinephrine Auto-Injectors

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated epinephrine auto-injectors in the name of the District and provide or administer them as necessary according to State law. *Undesignated epinephrine auto-injector* means an epinephrine auto-injector prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law, may administer an undesignated epinephrine auto-injector to a person when they, in good faith, believe a person is having an anaphylactic reaction. Each building administrator and/or his or her corresponding school nurse shall maintain the names of trained personnel who have received a statement of certification pursuant to State law.

Void Policy: Disclaimer

The **School District Supply of Undesignated Epinephrine Auto-Injectors** section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated epinephrine auto-injectors from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school epinephrine auto-injectors.

Upon any administration of an undesignated epinephrine auto-injector, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur.

Upon implementation of this policy, the protections from liability and hold harmless provisions as explained in Section 22-30(c) of the School Code apply.

No one, including without limitation parents/guardians of students, should rely on the District for the availability of an epinephrine auto-injector. This policy does not guarantee the availability of an epinephrine auto-injector; students and their parents/guardians should consult their own physician regarding such medication(s).

Disposal of Medication

The parent(s) or guardian of a student will be responsible at the end of the treatment regime for removing from the school any unused medication which was prescribed for their child. If the parent(s) or guardian does not pick up the medication by the end of the school year, the school nurse will dispose of the medication and document that the medication was discarded. Medications will be discarded in the presence of a witness.

Dissemination of the Policy

A copy of the Policy and these Rules and Regulations shall be distributed to the parents or guardians of each student within 15 days after the beginning each school year or within 15 days after starting classes for a student who transfers into the school during a school year. A copy of the Policy and these Rules and Regulations shall be printed in the annual Rules of Conduct publication, which requires parent and student signature indicating receipt and review of the policy.

ADMINISTRATIVE PROCEDURE
MEDICATION ADMINISTRATION/SELF ADMINISTRATION CONSENT FORM

Name of Student _____ Date of Birth _____
Address _____ Emergency Phone _____
School _____ Grade _____

Part I - Physician's Statement (This statement may be signed by a physician's assistant or
advance practice registered nurse having such authority delegated by a
supervising/collaborating physician.)

1. Name/type of medication _____
2. Is the prescribed medication for an asthmatic condition? _____
3. Dosage/amount to be given _____
4. Route of administration _____
5. Frequency and time of administration _____
6. Duration (week, month, indefinite, etc.) _____
7. Diagnosis, intended effect and anticipated reaction to medication (symptoms, side effects, etc.)

8. Other medication student is receiving _____
9. Other requirements or special circumstances _____
10. Must this medication be administered during the school day in order to allow the student to attend school? _____
11. Is supervised student self-administration authorized? _____
12. **For Asthma Medication/Epinephrine Auto-Injectors Only***: Is unsupervised self-administration authorized? _____
**Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication and/or an epinephrine auto-injector may possess and use his/her asthma medication and/or epinephrine auto-injector during school or at school-sponsored activities without the supervision of District personnel.*

Physician's Signature

Date Signed

Address

Telephone No.

Part II - Parent's Request/Approval

I hereby request and grant permission for School District No. 27 school personnel to [check one] _____ administer or _____ permit the self-administration of medication to/by my daughter/son according to the above instructions. I understand that administration by school personnel may be performed by an individual other than a certificated and registered school nurse, and I specifically consent to this. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration or self administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self administration of medication. With respect to student self-administration of asthma medication and epinephrine auto-injectors, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law. **For Asthma Medication/Epinephrine Auto-Injectors Only:** I consent to my child's possession and unsupervised self-administration of asthma medication: _____yes _____ no.

Signed _____ Phone # _____ Date _____

**PARENTAL CONSENT FORM
FOR
EMERGENCY TREATMENT**

I, _____, parent [or legal guardian] of _____, have enrolled my child in _____ and hereby authorize Dr. _____, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician or any physician in his or her group practice is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize School District No. 27 its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against School District No. 27, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify School District No. 27, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Signed _____ Phone # _____ Date _____

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30.
23 Ill.Admin.Code §1.540.

CROSS REF.: 7:285 (Food Allergy Management)

ADMIN. PROC.: 7:270-AP1 (Dispensing Medication), 7:270-AP2 (Checklist for District Supply of Undesignated Epinephrine Auto-Injectors and/or Opioid Antagonists), 7:270-E (School Medication Authorization Form)

REVIEW HISTORY: 2009, March 23, 2017