

DUNLAP COMMUNITY UNIT SCHOOL DISTRICT #323

Procedure for Dispensing Medication

Revised 8/10/15

Ask the child's physician, dentist, or other health care provider who has authority to prescribe medications if a medication, either prescription or non-prescription, must be administered during the school day. *Medications* include an epinephrine auto-injector (*EpiPen*[®]) and asthma inhaler medication.

For a student with diabetes: The parent(s)/guardian(s) are responsible to share the health care provider's instructions. When the student is at school, the student's diabetes will be managed according to a diabetes care plan, if one exists, and not this Procedure. See Care of Students with Diabetes Act, 105 ILCS 5/10-22.21b, added by P.A. 96-1485.

If so, ask the health care provider to complete a "School Medicine Authorization Form." **This form must be completed and given to the school before the school will store or dispense any medication and before your child may possess asthma medication or an epinephrine auto-injector.**

If a student is on a medication indefinitely, the parent/guardian must file a new "School Medication Authorization Form" every year.

Parent/Guardian must bring the medication to the school office. If the medicine is for asthma or is an epinephrine auto-injector, a student may keep possession of it for immediate use at the student's discretion: (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 (105 ILCS 5/22-30, amended by P.A. 96-1460).

Parent/Guardian must bring prescription medications to the school in the original package or appropriately labeled container. The container shall display:

- Student's name
- Prescription number
- Medication name and dosage
- Administration route and/or other direction
- Dates to be taken
- Licensed prescriber's name
- Pharmacy name, address, and phone number

For asthma inhalers, provide the prescription label.

Parent/Guardian must bring non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed.

At the end of the treatment regime, remove any unused medication from the school. If the parent/guardian does not pick up the medication by the end of the school year, the medication will be discarded by designated staff.

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School Medication Authorization Form

Revised 8/10/15

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Parent/Guardian must bring all prescription and non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

FOR PRESCRIPTION MEDICATION:

To be completed by the student's physician, physician assistant or advanced practice RN (Note: for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered / 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

Asthma Inhalers Parent(s)/Guardian(s) please attach prescription label here:

FOR NON-PRESCRIPTION MEDICATION:

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered / under what circumstances:

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: _____

BOTH SIDES OF FORM MUST BE SIGNED

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School Medication Authorization Form

Revised 8/10/15

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her 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/Guardian

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* pursuant to State law, 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

Address (if different from Student's above): _____

Phone: _____

Emergency Phone: _____

Parent/Guardian signature

Date

At the end of the treatment regime, remove any unused medication from the school. If the parent/guardian does not pick up the medication by the end of the school year, the medication will be discarded by designated staff.