



PALOS COMMUNITY CONSOLIDATED SCHOOL DISTRICT 118

Dear Parents:

In accordance with state law, effective April 17, 2012, policy (7:270) was adopted by the School Board of District 118. A copy of the policy and regulations regarding Administering of Medication to Students is being provided to you.

Should your child require medication (prescription or over the counter) to be administered during school hours or during school activities for maintenance of their critical health and well-being, you will be required to submit the Parent/Physician authorization form to the school nurse.

Sincerely,

A handwritten signature in black ink, appearing to read 'Anthony Scarsella'.

Anthony Scarsella  
Superintendent of Schools

## **Students**

### **Administering Medicines to Students**

Parent(s) or guardian(s) have the primary responsibility for administering medication to their children.

The Superintendent shall establish procedures for the administration of medications to students. The procedures shall be substantially based on the Recommended Guidelines for Medication Administration in the Schools published by the Illinois Department of Public Health and the State Board of Education and shall provide for administration of medication to a student during school hours or during school activities only when necessary to maintain the student in school.

Teachers and other non-administrative school employees except registered nurses shall not be required to administer medication to students.

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

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(s)/guardian(s) 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(s)/guardian(s). 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.

### **Self-Administration of Medication**

A student may possess an epinephrine auto-injector (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.

This 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 this medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parent(s)/guardian(s) of students within 15 days after the start of each school term, or within 15 days of starting classes for students transferring to the school district during the school term. Also, within such 15-day period, students shall be informed of the contents of this policy and the rules.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30.

ADMIN. PROC.: 7:270-AP (Dispensing Medication), 7:270-E (School Medication Authorization Form)

ADOPTED: March 17, 2015



**PALOS COMMUNITY CONSOLIDATED  
SCHOOL DISTRICT 118**

**MEDICATION AUTHORIZATION**

Fax – East: 708-923-7077 West: 708-923-7064  
South: 708-448-0754

**Policy Highlights** (see reverse for details)

- \*Pink Med form is required for all OTC and prescription medicine.
- \*Parents must bring in medication – do NOT send with child.
- \*Students may NOT carry any medicine except inhalers, Epi pens, or emergency medication approved in advance by the principal.
- \*All medicine must be provided in a pharmacy or brand labeled bottle with student name, dose and time.
- \*Parents must pick up unused medication: any left at the end of the year will be discarded.

All medications need a Physician's Order.

(See Medication Administration Policy and Procedures on reverse side.)

Student's Name: \_\_\_\_\_ Teacher/ Team Adviser \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time Given/Instructions: \_\_\_\_\_ Route: \_\_\_\_\_ Starting Date: \_\_\_\_\_

Prescription Medication End Date: \_\_\_\_\_ Over-the-counter Medication End Date: \_\_\_\_\_

(Prescription orders must be renewed each school year. OTC's will be discontinued at the end of the school year unless another date is specified.)

Reason for medication and/or intended effect: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

Physician's Name: (PRINT) \_\_\_\_\_ Address or Office Stamp: \_\_\_\_\_

Physician's Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Over-the-counter medication must be in the manufacturer's labeled container.

Prescription medication **MUST** be in containers labeled by a physician or pharmacist. (See #2 on reverse.)

**ASTHMA OR EPINEPHRINE AUTO-INJECTOR MEDICATION ONLY – e.g. Inhalers, Epi Pen**

1. Student may carry medication on his/her person. ( ) Yes ( ) No
2. Student may self-administer medication. ( ) Yes ( ) No

(We recommend that "back-up" medication be stored in health services as well.)

Physician Signature \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

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

I authorized 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 (105ILCS 5/22-30).

***If you agree, please initial:*** \_\_\_\_\_ (Parent(s)/guardian(s))

**PARENTAL AUTHORIZATION**

***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.*

Physician's order and parental authorization must be renewed yearly for all prescription and OTC medications with no extended ending date specified by the physician.

Receiving Nurse's Initials \_\_\_\_\_ Date \_\_\_\_\_