

Oak Park and River Forest High School District 200

MEDICATION AUTHORIZATION

Health Services Fax: 708-434-3912

Student's Name: _____ Date of Birth: _____ ID #: _____

Regulation Highlights (See reverse side for more details and information.)

- Medical form is required for all OTC and Rx medicine.
• Physician must fill in form for all OTC and prescription medicine.
• All medicine must be provided in a pharmacy or brand labeled bottle with student name, dose, and time.
• Unused medication must be picked up; any left at the end of the year will be discarded.
• Physician's orders and parental authorization must be renewed YEARLY for all prescription or over-the-counter medications.

Physician's Order

(All medications need a Physician's Order)

Medication _____ Dosage _____

Time to be given/Instructions _____ Route _____ Starting Date _____

Diagnosis/Reason for medication _____

Procedure if dosage is missed _____

Possible side-effects _____

Other Medications student is receiving _____

ASTHMA OR ALLERGY MEDICATION ONLY—e.g., Inhaler, EpiPen

1. Student may carry medication on his/her person [] Yes [] No

2. Student may self-administer medication [] Yes [] No

(It is recommended that "backup" medication be stored in health services as well.)

Directions for self-administration _____

Physician's Name (Print) _____

Address or Office Stamp

Physician's Signature _____

Date _____ Phone _____

Parental Authorization

I authorize Oak Park and River Forest High School District 200 employees to administer/supervise the medication described above to my child in accordance with the School District's Regulations Governing the Administration of Medications in the School (on reverse side of this form.) I agree to indemnify and hold harmless OPRFHS, its Board of Education and the Board's members, officers, employees, and volunteers from any claim, liability, loss or expense, including reasonable attorneys' fees, suffered by any of the foregoing indemnities and arising out of a claim related directly or indirectly to my son/daughter's self-administration of the above referenced medication of and brought by me, any other parent or guardian of my student or another student, or by or on behalf of my student or another student. We understand that the OPRFHS and the foregoing individuals are to incur no liability as a result of any injury arising from the self-administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities.

Parent/ Guardian Signature _____ Date: _____

Emergency Phone number of Mother/Guardian _____ Father/Guardian _____

Signature of School Nurse _____ Date of Signature _____

Procedures and Guidelines Governing the Administration of Medications in the School

Reference: OPRFHS District 200 Board Policy 5143

Parents/guardians have the primary responsibility for the administration of medication to their children. Only those medications necessary to maintain a student in school and which must be given during school hours or school activities may be administered to a student. The administration of medication to students is subject to guidelines established by the Superintendent/Principal or designee, in keeping with state agency recommendation (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois Department of Public Health, and Illinois State Board of Education).

1. **Medication Authorization form**--no school personnel shall administer to any student, nor shall any student possess or consume *any prescription or non-prescription medication* except after filing complete Medication Authorization information. This authorization and any subsequent changes shall include:
 - Physician, dentist, or podiatrist's (licensed prescriber) written prescription with Child's name, medication name and dosage, date of order;
 - Administration instructions (route, time or intervals, duration of prescription);
 - Intended effects and possible side effects; and
 - Parent/guardian written permission and phone number, and email address in case of emergency.The school nurse will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information as necessary.
2. **Appropriate Containers**--Medication and refills are to be provided in containers which are prescription-labeled by a pharmacy or licensed prescriber (to display Rx number, student name, medication dosage, directions for administration, date and refill schedule, pharmacy label, and name/initials of pharmacist) or manufacturer-labeled for non-prescription over-the-counter medication.
3. **Administration**--Medication will be administered by the Registered Nurses, or school administrators. Other Certificated school personnel may also volunteer to assist in medication administration and they will receive Instructions by the school nurse. If no volunteer is available, the parents/guardian must arrange for administration. The school nurse or administration retains the discretion to deny request for administration of medication. The parent or guardian may make an appeal of denial of any order prescribing the administration of the medication to the Superintendent/Principal or designee.
4. **Self Administration**--A student may self-medicate at school if so ordered by his or her physician. However, the Medication must be stored in Health Services and a completed Medication Authorization Form must be on file. Daily documentation will be provided as below (#5) for such health office supervised self-administration. For "as needed" medications such as those taken by students with Asthma, the physician may also order that the student carry the medication on his or her person. However, no daily documentation will be possible. Self-administration privileges may be withdrawn if the student exhibits behavior, which indicates lack of responsibility toward self or others in regards to his or her medication.
5. **School Activities Medical Authorization**-form must be filed in the Health Office and medication is to be stored in the Health Office. Under no circumstances are faculty members or other school employees required to carry medications for students nor are they required to ensure that students carry such medications. Medications which must be available while a student is engaged in a school activity conducted during non-school hours and/or conducted away from the customary site of storage will be distributed to the student at the end of the day (3:00 – 3:15 p.m.) from Health office and must be brought by the student to that site, unless there is prior agreement and approval of other arrangements. Any faculty member or any health aide may supervise self administration of medication by a student under these guidelines. Self-administration under these circumstances will not be documented.
6. **Storage and Record Keeping**—Medication will be stored in a locked cabinet. Those requiring refrigeration will be in a secure area. Each dose will be recorded in the student's individual health record. The parent may be notified if indicated. To assist in the safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan.
7. **Documentation, Changes, Renewals, and Other Responsibilities**-to facilitate needed documentation, physician orders, any changes in the orders, and parent permissions may be faxed (708-434-3912). It is the parent/guardian responsibility to assure that all physician orders and permissions are brought to school and refills provided when needed and to inform the school nurse of any significant changes in the student's health. Medication remaining at the end of the school year must be taken home or will be discarded. **Over-the-counter and prescription medication orders must be renewed yearly.**