

# 2023- 2024 WINNETKA SCHOOL DISTRICT 36 – MEDICATION PERMIT

All medications require written authorization. See policy on reverse. This form must be renewed every school year. One form per medication.

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Medication allergies: \_\_\_\_\_

## Asthma Inhaler, Epi-pen or Insulin and Glucose monitoring may "SELF CARRY" and "self-administer"

**Asthma Inhaler medication:** \_\_\_\_\_ A student may carry their own "pharmacy labeled" **Asthma Inhaler** with the "parent" authorization only & self medicate as instructed by parent/physician.

**Epi-pen:** \_\_\_\_\_ A student may carry an **Epi-pen (epinephrine injection)** with a "physician and parent" authorization.

**Insulin and glucose monitoring supplies:** \_\_\_\_\_ A student may carry **Insulin and glucose monitoring supplies** with a "physician and parent" authorization.

*\*My child is capable of using this medication "independently" and "may carry" the above listed medication.*

*Parent signature acknowledges parent understanding of item #4 self-administration on the reverse of this form.*

**Parent signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## PRESCRIPTION MEDICATIONS and or "OVER THE COUNTER" non-prescription MEDICATIONS

All medications must be brought to the Health Office by the parent/guardian in a **prescription-labeled container or in the original over the counter medication container.**

Health Services provides the following over-the-counter medications (generic or their brand equivalent) with a completed medication permit: Topical Analgesic, Benadryl (diphenhydramine), and Zyrtec (cetirizine). All medications require a physician and parent signature. Please check appropriate box for authorization of administration.

- Topical Analgesic (such as Benadryl Itch Cream, Burn Gel, and Sting Relief)
- Benadryl (diphenhydramine); 25 mg, liquid or tablet(s), as needed for signs of an allergic reaction.
- Zyrtec (cetirizine), as needed for signs of an allergic reaction. **Dosage for child** \_\_\_\_\_

Parent/Guardian signature acknowledges authorization of Winnetka School District 36 to administer medication to my child according to school board policy and medication administration procedures and guidelines on the reverse side of this form.

**\*Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required)

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Start date: \_\_\_\_\_

**Number of pills in bottle:** \_\_\_\_\_ **Parent initials:** \_\_\_\_\_ **RN initials:** \_\_\_\_\_

Intended Effect: \_\_\_\_\_ Possible adverse reaction: \_\_\_\_\_

Other medications this student is taking: \_\_\_\_\_

Physician's Name (Please Print) \_\_\_\_\_

(Prescriber's office stamp)

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Address \_\_\_\_\_

**\*Prescriber's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Required)

Date D/C: \_\_\_\_\_ Method of Med Return(circle one): Parent retrieved Sent with Student Properly Disposed

Amount of Remaining Medication: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Nurse Signature: \_\_\_\_\_

Date Returned: \_\_\_\_\_ Administrator Signature for disposal: \_\_\_\_\_

## Winnetka School District 36 Administration of Medication to Students

Parents/guardians have primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student, to maintain the student in school, or in the event of an emergency. The administration of medication to students is subject to guidelines established by the Superintendent or designee, in keeping with state agency recommendations (e.g., Illinois Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education).

### Procedures and Guidelines

**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 a complete medication authorization form". This authorization and any subsequent changes shall include:

- Licensed prescriber's written, signed and dated prescription. Licensed prescribers include physicians, advanced practice registered nurses, physician's assistants, dentists and podiatrists. The prescription shall include the child's name, date of birth, medication name, date of order and date of discontinuation, if applicable.
- The child's diagnosis related to the medication, possible adverse effects, and other medications being taken.
- Administration instructions including: dose, route, and frequency. Please note: Medications taken three times a day should be given at home before school, after school, and at bedtime; unless specifically ordered otherwise.
- Parent/guardian written permission.

The school nurse will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information if necessary. Nurses are responsible for their own actions regardless of the licensed prescriber's written order, and have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent/guardian, the student's prescriber and the school administration.

**2. Appropriate Containers** - Medication and refills are to be provided in containers that are:

- Prescription-labeled by a pharmacy or licensed prescriber (must display student's name, prescription number, medication, dose, directions for administration, date and refill schedule, pharmacy label, and pharmacist identifying information). Please ask the pharmacist for a second, properly labeled bottle for school.
- Manufacturer-labeled container for non-prescription over the counter medication.

**Medications sent to school in lunch boxes, baggies, envelopes or like containers will not be dispensed.**

**3. Administration** - Medication will be administered by a certificated school nurse, registered nurse, or school administrator. Teachers or other employees cannot be required to administer medication or supervise self-medication, although they may volunteer to do so after receiving training in the correct procedure. This does not prohibit any school employee from administering emergency assistance to a student. If no volunteer is available, the parent/guardian must make arrangements for administration. A student's parent/guardian may come to school to administer medication to his/her own child. The school nurse or administration retains the discretion to deny requests for administration of medication. A one-time dose can be given with parent/guardian permission. No further doses will be provided without the completed medication permit on file.

**4. Self-Administration** - A student may self-administer an Epi-pen, asthma inhaler and or insulin medication at school and activities if so ordered by his/her medical provider. A completed medication authorization form must be on file. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma and allergies, the prescriber may also order that the student carry the medication on his or her person for his/her own discretionary use according to medical instructions. However, no daily documentation will be possible. Self-administration privileges may be withdrawn if the student exhibits behavior that indicates lack of responsibility toward self or others in regard to his or her medication. Signature of the parent on this form indicates that parent/guardian acknowledges that the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians 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 self-administration of medication by the pupil. *This student has been instructed in the proper administration of this medication and understands the need for the medication and the necessity to report unusual side effects or symptoms to school personnel.*

A student may carry his or her own "pharmacy labeled" asthma inhaler with the parent authorization only instead of a written doctor's order.

**5. Stock Medications** - Topical Analgesic, Benadryl (diphenhydramine), and Zyrtec (cetirizine) (generic or their brand equivalent) are kept in stock at school as a courtesy to students. A medication permit must be completed and provided for their use. A one-time dose can be given with parent/guardian permission. No further doses will be provided without the completed medication permit on file.

**6. Storage and Record Keeping** - Medication will be stored in a locked cabinet. Medications requiring refrigeration will be in a secure area. All pills will be counted, recorded, and initialed by RN and parent. Each dose given will be recorded in the student's individual health record. In the event a dose is not administered, the reason shall be entered in the record. The parent will be notified if indicated. When a student medication is discontinued, the parent must notify the school nurse immediately and pick up the discontinued medication within ten business days. If the medication is not picked up the nurse will destroy (by crush/liquefy/drying compound) the medication and its container in the presence of an administrator. The medication cabinet keys will be kept by the school nurse on person at all times during the school day. After hours the cabinet keys will be secured. At the end of the school year parents will be notified to pick up their student's medication. Any student medication must be picked up by the last day of school. Any student medication remaining in the buildings at the conclusion of the last day of student attendance will be destroyed (by crush/liquefy/drying compound) in the presence of an administrator.

**7. Documentation, Changes, Renewals and Other Responsibilities** - To facilitate needed documentation, medication prescriptions or dosage changes and parent permission forms may be faxed. It is the parent/guardian's responsibility to assure that all medication prescriptions and required forms are brought to school, refills provided when needed and to inform the school nurse of any changes in the student's health or medications. Medication authorization forms must be renewed every school year both for prescription medication and for over the counter medications. Copies of this policy are available to the parents/guardians of each student every school year.

**8. Field Trips** - Children will not be able to attend field trips without proper medications available.

Crow Island School	Health office 847-446-1048	fax 847-446-9021
Greeley School	Health office 847-446-2638	fax 847-501-5737
Hubbard Woods	Health office 847-446-1062	fax 847-501-6124
Skokie School	Health office 847-441-2194	fax 847-441-2193
Washburne School	Health office 847-446-6260	fax 847-446-1380