Procedures and Guidelines Governing the Administration of Medications

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 medicine to a student is subject to guidelines established by the school, in keeping with state agency recommendations (e.g., Illinois Department of Professional Regulations, 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 a complete Medication Authorization form. 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

   Elgin Academy will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information as necessary.

2. **Appropriate Containers** - Medications 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 or 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 appropriate school administrator/official. Other school personnel may also volunteer to assist in medication administration and they will receive instructions by the proper official. If no volunteer available, the parents/guardian must arrange for administration. The administration retains the discretion to deny request for administration of medication. The parent/guardian may make an appeal of denial or any order prescribing the administration of the medication.

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 the divisional office and a completed Medication Authorization Form must be on file. Daily documentation by divisional personnel will be provided for all 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 forms must be completed and medication is to be stored in divisional offices. Under no circumstances are faculty members or other school employees required to carry medication 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 school day from the divisional office and must be brought by the student to that site, unless there is prior agreement and approval of other arrangements. Any faculty member 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** - Medications, including those requiring refrigeration, will be stored in a secure area. Each dose will be recorded in the divisional office. The parent may be notified if indicated. To assist in the safe monitoring of side effects and/or intended effects of treatment with medication, faculty and staff may be informed regarding the medication plan. Any supply of opioid antagonists or epinephrine auto-injectors shall be maintained in accordance with the manufacturer’s instructions.

7. **Documentation, Changes, Renewals, and Other Responsibilities** - To facilitate needed documentation, physical orders, any changes in orders, and parent permissions may be faxed to Elgin Academy. It is the parent/guardian responsibility to assure that all physicians orders and permissions are brought to school and refills provided when needed and to inform the divisional office 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.
To be completed by the child’s parent(s)/guardian(s). A new form must be completed every school year. Medical form is required for all OTC and Rx medicine. Physician must fill in form for all non-prescription, over-the-counter (OTC) medications and for prescription medications. 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. Please see “Procedures and Guidelines Governing the Administration of Medications in the School” for more information.

Student’s Name: ___________________________ Birth Date: ______________
Address: ________________________________
Home Phone: __________________ Emergency Phone: __________________
Grade: _______ Teacher: ____________________

**Physician’s Order**
(All medications need a Physician’s Order)

Physician’s Printed Name: ________________________________________________
Office Address: __________________________________________
Office Phone: __________________ Emergency Phone: __________________
Medication name: ______________________________________________________
Diagnosis/Purpose of Medication: _________________________________________
Dosage: __________________________________________________________________
Time to be given/instructions: _____________________________________________
Procedure if dosage is missed: _____________________________________________
Possible side-effects: _____________________________________________________
Other medications student is receiving: ______________________________________

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

May the student carry medication on his/her person (non-diabetes)?

- YES
- NO

May the student self-administer medication (non-diabetes)?

- YES
- NO

May Elgin Academy use undesignated epinephrine auto-injectors on this student in cases of emergencies?

- YES
- NO

Physician’s Signature: ____________________________________________________ Date: ______________

**Parental Authorization**

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 Elgin Academy and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or allow my child to self-administer pursuant to state-law, while under the supervision of the employees and agents of Elgin Academy), lawfully prescribed medication in the manner described above. I agree to indemnify and hold harmless Elgin Academy, its employees, and agents 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 child’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 Elgin Academy and the foregoing individuals are to incur no liability as a result of any injury arising from the administration of medication, provided, however, this indemnity and hold harmless commitment does not apply to the willful and wanton conduct of the foregoing indemnities. If my child has diabetes I must submit to the school a Diabetes Care Plan prepared by my child’s healthcare professional and reviewed and approved by Elgin Academy in accordance with 105 ILCS 145/1 et seq.

Parent/Guardian Signature: __________________________________________ Date: ______________
Address (if different from Student’s above): _____________________________
Phone: __________________ Emergency Phone: ___________________ Email: __________________