

### Medication Authorization

School \_\_\_\_\_

#### To the Prescriber:

Students may receive medications at school in accordance with District #61 Medication Guidelines (as noted on reverse) with authorizations by both the prescriber and the parent / guardian. Medications at school will be administered by the school nurse or properly trained school personnel. Authorized emergency medications may be carried by the student with the knowledge of the prescriber and parent / guardian and completion of the required Self-administration of Emergency Medication form from the school nurse.

\_\_\_\_\_ should receive  
(Student) (Birth Date)  
\_\_\_\_\_ per \_\_\_\_\_  
(Medication) (Dosage) (Route)  
at \_\_\_\_\_ for \_\_\_\_\_  
(Time) (Period of Time)

The disease or illness is: \_\_\_\_\_

The desired benefits are: \_\_\_\_\_

The drug side effects are: \_\_\_\_\_

**OTHER MEDICATIONS STUDENT IS RECEIVING:** \_\_\_\_\_

A COPY OF THIS STUDENT'S ASTHMA ACTION PLAN IS ATTACHED

Prescriber Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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#### To the Parent or Guardian:

I hereby give permission for my child \_\_\_\_\_ to receive this medication at school, as prescribed above.

- Medications at school will be administered by the school nurse or properly trained school personnel.
- *Authorized emergency medications may be carried by the student with the knowledge of the prescriber and with the signature of the parent / guardian on the Self-administration of Emergency Medication form.*
- Noon medications will not be given on half-day attendance days when lunch is not served.
- **Every medication / dosage change requires a new authorization form before it will be given.**
- Parents / guardians should supply the school principal / school nurse with sufficient medication for at least one week at a time. If the medication container is not labeled by the pharmacist / prescriber with each of the following, the medication will not be administered.
- **At the end of the school year, the parent / guardian is responsible for removing from the school any unused medication. Unclaimed medication will be destroyed by the coordinator, per protocol.**

- a) name of child
- b) name of medication
- c) amount to be given
- d) time of day to be given
- e) physician's name
- f) date of prescription

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

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

## MEDICATION GUIDELINES

Decatur Public Schools District #61

Medications are administered at school in accordance with the Guidelines of the School Health Department of Decatur Public Schools District #61, as governed by the *School Code of Illinois*, the Illinois Department of Human Services, and the Illinois Department of Professional Registration.

- Only in exceptional cases where failure to take a prescribed medication could jeopardize the student's health and/or education, may medication be taken in school. **Taking of medication is limited to students with long term, chronic illness or disability.**
- *Antibiotics and over-the-counter drugs, e.g. Tylenol and cough medicine, will not be taken at school. Cough drops will not be provided at school.*
- Authorization for the administration of both prescription and non-prescription drugs at school shall be provided on Form 24A and shall consist of written order from the student's licensed prescriber and written request by the parent or guardian that medication be given during school hours.
- Homeopathic products (derived from minerals, botanical substances, animal parts, micro-organisms, and other sources) will not be taken at school.
- **The nurse may contact** the prescriber, pharmacist, and/or parent in order to assure the appropriateness of medication administration at school. The nurse may decline to administer a medication that does not meet Guidelines, that might be given outside of school hours, or that might jeopardize student safety.
- Medications will be administered by the school nurse or by other properly trained and supervised school personnel, within sixty minutes of the time ordered by the prescriber. *Authorized emergency medications may be carried by the student with the knowledge of the prescriber and parent / guardian and completion of the required Self-administration of Emergency Medication form obtained from the school nurse.*
- All medication containers must be labeled by the pharmacist or prescriber with the name of child, name of medication, amount to be given, time of day to be given, prescriber's name and telephone number, and date of prescription.
- Each dose of medication administered to the student is documented and signed by the individual administering the medication. If medication is not administered as ordered, the parent will be contacted.
- *Any change in medication dosage or administration must have written authorization (Form 24A) by both the prescriber and the parent / guardian before the medication can be given.*
- All medication authorizations must be renewed annually at the beginning of each school year. Medication authorizations and records are filed in the student's Cumulative Health Record.

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