

School Health Services

Community Unit School District 303



MEDICATION ADMINISTRATION AT SCHOOL

When a student requires medication, the primary responsibility for administering the medication rests with the parent. If your Health Care Provider (HCP) determines that medication is necessary during school hours, the following procedure must be followed:

- The HCP's order must be fully completed on the reverse side of this form. This order is required for both prescription and non-prescription medication.
- The parent must complete the Parent Authorization portion on the reverse side of this form.
- Medication must be brought to school by a parent or responsible adult designee.
- The medication must be in its currently-dated prescription bottle with specific instructions for administration.
- Orders on the prescription container must coincide with the order as written by the HCP.
- The medication order must be completed annually or whenever a medication or medication dosage is changed.
- If a medication is discontinued, a parent or adult designee is requested to pick up the remaining medication or to authorize the school nurse to dispose of it.
- Medication will be administered under the direction of the nurse serving your student's school. Please relate questions about medication to this nurse.
- When necessary, the school nurse will contact the prescribing HCP to clarify the medication order or to consult with the HCP regarding the student's reaction to the medication.
- A parent or responsible adult designee must pick up medication at the end of the school year. All medication not picked up at the end of the school year will be discarded.

Asthma Medication Requirements

- A **General Medication form** signed & dated by the student's HCP and parent **OR** a copy of the pharmacy prescription label containing the name of the rescue medication, the prescribed dosage, and the time and circumstances under which the medication is to be administered must be submitted to the school nurse.
- All medication prescription forms must be dated within the current calendar school year.
- A one-time (or if condition changes) **Asthma Assessment form** is recommended.
- Rescue inhalers require a pharmacy prescription label containing the name of the medication, the prescribed dosage and the time and circumstances under which the medication is to be administered.
- Inhaler expiration date must be clearly marked.

Self-carry/Self-administration for quick acting asthma inhaler or epinephrine auto-injector

- **Student should be independent in the use and management of asthma medication.**
- Completed **Authorization and Release of Liability form** for self-carry/administration of a quick acting inhaler and/or epinephrine auto-injector is required from the student's parent or guardian.
- Rescue inhaler requires a pharmacy prescription label containing the name of the medication, the prescribed dosage and the time and circumstances under which the medication is to be administered **OR** a **General Medication form** signed and dated by a Health Care Provider.
- Epinephrine auto-injector requires a completed **Emergency Action Plan form** with signature of Health Care Provider.
- Students are encouraged to keep an extra inhaler or epinephrine auto-injector in the school health office.

**Community Unit School District 303
School Health Services
Medication Authorization Form**

For this student to receive medication during school hours this form must be fully completed by the prescribing physician and an authorizing parent.

STUDENT: _____ BIRTHDATE: _____

GRADE: _____ SCHOOL: _____

Diagnosis requiring medication: _____

Medication/Dosage: _____

Date of this order: _____ Discontinuation date: _____

Date of prescription: _____ Date feed-back report is desired by physician: _____

Intended effect of this medication: _____

Possible side effects: _____

Other medications the student is receiving: _____

Signature of Health Care Provider

Health Care Provider Phone Number

The above order must be fully completed. All medication is to be brought to school by a parent or responsible adult designee and must be in a PRESCRIPTION CONTAINER plainly marked with the student's name, medication name and dosage; including explicit directions for administration. Prescription directions must coincide with the above order and be of current date.

***Please Note: Unless otherwise specified, only emergency medications will be sent on field trips and delivered under the supervision of the certified teaching staff.*

PARENT AUTHORIZATION:

I hereby request that my son/daughter, _____, receive medication at school or on school-related field trips as instructed by his/her physician. I give the school nurse permission to be in contact with the prescribing physician with regards to the above medication order and the response my child has to the prescribed medication.

I assume responsibility for providing the school with medication that will not expire during the course of its intended use and as stipulated above. I understand that the physician's order for medication must be renewed annually or whenever a medication or dosage is changed. I also understand that expired medication cannot be administered.

Parent's Signature

Date