SCHOOL DISTRICT 54
Ensuring Student Success

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MEDICATION IN SCHOOL

District 54 recognizes that at the present time some children are able to attend school because of the effective use of medication in the treatment of an illness or disability. The Board of Education believes that medication should be administered in the home, but recognizes that at times medication must be given during the school day. In such cases the administering of medication to students is subject to the following regulations:

1. Written orders from a physician detailing the name of the medication, dosage and time interval that medication is to be taken. In addition, the physician should note special handling or administration details as required on the Physician's Medication Request Form. The school should be notified in writing of any changes in medication.

2. Written permission from the parent/guardian is necessary for a child to receive medication during school hours. Permission must be renewed each year. **Sign below.**

3. Medication is to be supplied by parent after consultation with the school nurse.

4. Medication must be in a container appropriately labeled by a pharmacy or physician and will be kept in a locked cabinet in the school office.

5. Whenever possible the child should self-administer medication under supervision.

6. Whenever it is not possible for self-administration of medicine to occur, administration will be under the supervision of a registered nurse. If it is not possible for the nurse to be present, supervision by the school principal, secretary or teacher may be necessary after receiving thorough instruction from the school nurse on the procedures to be followed.

7. The school district retains the discretion to reject requests for administration of medication.

STUDENT NAME: _____ BIRTH DATE:_____GRADE:_____ROOM:_____
I hereby confirm my primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Community Consolidated School District No. 54 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATIONS TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A REGISTERED NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

I want my child to carry his/her inhaler or epi-pen ____Yes ____No

PARENT/GUARDIAN SIGNATURE: _____DATE:_____Form #6768 Revised 1/2013 Page 1 **BOARD OF EDUCATION POLICY**

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PHYSICIAN'S MEDICATION ORDER

Student Name: _____Birthdate:_____

Diagnosis: _____

PHYSICIAN'S ORDERS: (to be completed by physician)

1. Medication:_____

   Dose: _____Time of Administration: _____

   Possible Adverse Effects: _____

   Special Instructions: _____

2. Medication:_____

   Dose: _____Time of Administration: _____

   Possible Adverse Effects: _____

   Special Instructions: _____

   Student may carry inhaler/or Epi-pen at all times ____ Yes ____ No

_____ _____
Signature of Physician **Date**

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Fax Number: _____

Please Fax this form to:_____ at:_____