

PHYSICIAN & PARENT AUTHORIZATION TO ADMINISTER MEDICATION

TO THE PHYSICIAN:

It is a policy of Community Unit School District #9 to require the following information on students needing to take medication at school.

SINCE WE DO NOT HAVE A FULL TIME NURSE IN EACH SCHOOL, AND THE NURSE IS THE ONLY PERSON WHO CAN ADMINISTER MEDICATION, WE ASK THAT ONLY MEDICATION THAT IS ABSOLUTELY NECESSARY BE PRESCRIBED FOR USE DURING SCHOOL HOURS.

We ask your cooperation in giving us the following information:

NAME OF STUDENT _____ D.O.B. _____ GRADE _____

COMPLETED BY PHYSICIAN

1. Reason for medication: _____

2. Name of medication: _____

3. Dosage: _____ Number of doses to be taken AT SCHOOL _____

4. Approximate time medication is to be taken AT SCHOOL: _____ AM PM

5. YES NO This authorization is good for refills but not past _____
Date

6. Adverse effects: _____

I authorize the school nurse to administer the above medication at school.

Physician Signature Date Phone

I authorize the school nurse to administer the medication named above at school as prescribed by the Doctor listed above. I release school personnel from liability should reactions result from medications.

Parent/Guardian Signature Date Phone

**RULES AND REGULATIONS
CARE AND DISTRIBUTION OF MEDICATION TO STUDENTS**

Any and all medication (prescription or over-the-counter) to be given at school to students of this District shall be administered only in accordance with the following procedure:

CONSENT AND PHYSICIAN'S AUTHORIZATION

A. Any medication to be administered or distributed to any student pursuant to this policy shall be administered or distributed only by a registered nurse employed by Community Unit School District No. 9, with the exception that medication may be administered to special education students by a certified special education instructor only when provided for in the student's I.E.P.

B. No medication shall be administered or distributed unless the parent(s) or guardian(s) of said student shall first give their expressed written consent to the administration of medication, and shall thereafter fully comply with the provision of this policy.

C. Any parent desiring medication to be administered to their child during school hours, shall first complete an Information Consent Form, supplied by the school district, setting forth pertinent information concerning the child, parental information, and information concerning the child's medical condition. Any information obtained by the school district pursuant hereto shall remain absolutely confidential.

D. Before medication may be administered or distributed to any child pursuant to this policy, the parent(s) or guardian(s) of said child shall submit a written physician's authorization, completed and signed by the physician prescribing said medication, setting forth the following information:

1. The name, address and telephone number of the prescribing physician(and treating physician, if different).
2. A brief description of the child's medical condition for which said medication is being prescribed and administered.
3. The name(s) and dosage(s) of the medication(s) which the physician has prescribed for said child for the aforesaid medical condition(s).
4. The quantity and frequency of dosage prescribed by said physician, specific instructions concerning the actual administration of said medication, and possible indications or side effects as said medication(s).
5. A statement by the prescribing physician that it may be necessary to administer medication to this particular child during school hours.

E. Any medication to be administered by any child must be brought to the child's school in the form and container as provided by the pharmacy filling said prescription, and no medication may be administered or distributed from any container other than one properly marked as above.

F. All medication shall be given directly to the school nurse (unless unavailable) of the facility at which the child attends, who shall thereafter ensure that said medication(s) is locked securely in a cabinet or other place designated for this purpose.

G. Medication shall be administered only after the school nurse or special education instructor has determined that the provisions of this policy have been complied with, and then only in accordance with the directions and instructions as set forth in the physician's authorization statement.

H. It shall be the duty of the school nurse to personally verify the name and type of medication, and the dosage thereof, as set forth in the physician's authorization statement.

I. Whenever any medication is administered to any student, his or her teacher(s) shall be notified, so that said teacher(s) may periodically observe said student for indications of reaction to the medication. Any such reaction or unusual symptom shall be immediately reported to the school nurse (or administrator, if nurse is unavailable), who shall thereafter contact said student's physician concerning any incident.

J. Any and all documents executed or obtained pursuant to this policy shall become a permanent record of that student, and shall be contained in said student's health file.

Revised: May 3, 1977

Reviewed and Revised: June 27, 1989

Form N-21A