

Medication Administration Consent Form

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Only medications that are absolutely necessary for the student to take in order to complete the school day will be administered during school hours. District 127 medication policy is on the reverse side of this form. **This form is to be used for ALL prescription and over the counter medications. For asthma or epinephrine auto-injector medications please have your doctor also complete the student asthma management and/ or food allergy plan.**

STUDENT NAME: _____ **DOB** _____ **GRADE** _____

TO BE COMPLETED BY THE PHYSICIAN:

Medication/dose/frequency: _____

Duration (length of time to be given): _____

Diagnosis or symptom for which medication is given: _____

Possible side effects: _____

**ASTHMA, ALLERGY and DIABETIC MEDICATION
(Inhalers, Epi-Pens, Insulin)**

Student may carry and self-administer medication. YES _____ NO _____

Doctor's (print name/stamp) _____ Phone _____

Doctor's signature: _____ Fax _____

TO BE COMPLETED BY GUARDIAN/PARENT

I have read and understand the medication administration policy for District 127. I request and authorize medication to be given to my child. I understand and agree that my signature on this form constitutes a waiver of liability. I further acknowledge and agree that when the above medication is administered, I waive any claims I might have against the school district and its employees, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from administration of said medication.

X _____
PARENT SIGNATURE

DATE _____

District # 127 Procedure for Administration of Medication to Students

This policy shall apply to both prescription and nonprescription medication. Medication shall not be administered to a student unless absolutely necessary to maintain the continued attendance of the student. If it is determined that medication must be given to a student at school, the procedure set below shall be followed.

1. Medication shall be administered by a certified school nurse, registered nurse or a certified employee designated by the superintendent.
2. The student's physician shall provide written orders with name of student, date of birth, name of medication, dose/route and frequency of medication. Diagnosis for which medication ordered, intended effects and side effect of medication. List any other medication student is on and emergency number where physician can be reached.
3. The student's parent/guardian shall provide to the nurse a signed authorization to administer the medication, which has been ordered by the physician. The authorization shall include the parent/guardian signature and phone number to be reached in case of an emergency.
4. Medication brought to school shall be given to nurse in original package or appropriately labeled container. For prescription medication, the student's name, medication name and dosage, administration directions, date and refill, licensed prescriber's name, pharmacy name, number, address and name or initials of pharmacist. Over the counter medication to be in original container with manufacturer's label listing all contents, student's name must be on container. Medication should be delivered to school by parent/guardian.
5. Medication will be kept in a locked cabinet.
6. The school nurse will keep a written record of all medications administered. This record will include student's name, medication, dose, time, date, and who administered medication. In the event a dosage is not administered as ordered, the reason shall be entered into the record. This documentation, along with the physician's order and parental/guardian authorization is considered part of the student's temporary record.
7. The student's parent/guardian will be responsible for removing any unused medication from the school at the end of regime, or the end of school year. If parent/guardian fails to remove unused medication, the school nurse will appropriately dispose of in the presence of a witness.

No Medication will be administered to students unless these guidelines are followed. A student with asthma inhalers, epinephrine auto-injector, and insulin may self-administer if the following information is kept on file in the Health Office: the student's parent/guardian will provide a parental written authorization for self-administration of medication and a written order from the student's physician containing the following information: name and purpose of medication, prescribed dosage and time or special circumstances under which the medication is administered.

The Superintendent shall have the discretion to reject requests for administration of medication subject to the requirements of Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973.