



School Medication Authorization Form Prescription and Over-the-Counter Medicine

School Year _____

Student's Name _____ Birthdate _____

Address _____ Primary Phone _____

School _____ Grade _____

I hereby confirm my primary responsibility to administer medication to my student. However, in the event that I am unable to do so, I hereby authorize Plano Community Unit School District No. 88 and its employees and agents, in my behalf and stead, to administer or attempt to administer to my student (or to allow my student 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 student to be performed by an individual other than a school 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 that 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. If necessary, I hereby authorize the school nurse to contact the physician regarding this medication.

Parent/Guardian Signature _____ Date _____

To be completed by the student's physician:

Name of Medication _____ (Must be in original container)

Dosage _____ Frequency _____

Diagnosis Requiring Medication _____

Is it mandatory that this medication be administered during the school day in order to allow the child to attend school? _____

Side Effects to be Alerted to _____

Further Instruction Remarks _____

Doctor's Signature _____ Date _____

Address _____ Phone _____

Leg Ref: 111. Rev Stat ch. 122 para. 10-20-14b & 10-22-21b

<input type="checkbox"/> PH Miller Elementary School 904 N Lew Street Plano, IL 60545 Phone: 630-552-8504 Fax: 630-552-3089 Grades: PreK - 1 st	<input type="checkbox"/> Centennial Elementary School 800 S West Street Plano, IL 60545 Phone: 630-552-3234 Fax: 630-552-0324 Grades: 2 nd and 3 rd	<input type="checkbox"/> Emily G. Johns Elementary School 430 S Mitchell Drive Plano, IL 60545 Phone: 630-552-9182 Fax: 630-552-9208 Grades: 4 th , 5 th , and 6 th
<input type="checkbox"/> Plano Middle School 804 S Hale Street Plano, IL 60545 Phone: 630-552-3608 Fax: 630-552-3802 Grades: 7 th and 8 th	<input type="checkbox"/> Plano High School 704 W Abe Street Plano, IL 60545 Phone: 630-552-3178 Fax: 630-552-8824 Grades: 9 th , 10 th , 11 th , and 12 th	<input type="checkbox"/> Plano CUSD #88 800 S Hale Street Plano, IL 60545 Phone: 630-552-8978 Fax: 630-552-8548 E-Mail: adminoffice@plano88.org

Please note: A new form is required at the start of every school year or more frequently if there is a change in the prescription.



Abbreviated Medication Policy

- Students should not take medication during school hours unless it is deemed necessary for a student's health and well-being by their physician.
- Medications will be administered by the school nurse, administrator, or other designated personnel.
- Medications, prescription or over-the-counter, shall not be administered to any student until a completed "School Medication Authorization Form" is completed and submitted to the appropriate health office.
 - This includes cough drops and topical medications.
- Prescription medication must be provided in original pharmacy container, with the correct prescription label.
 - An extra, empty bottle should be requested from the pharmacy and given to the health office. This bottle should have the correct prescription label on it, and will be used if and when students attend a field trip.
- Over-the-counter medication must be provided in a new, unopened container. The student's name and date of birth should be written on the container.
- Medication that is expired will not be administered to any student.
- Parents must drop off all medications to school for students in grades PK – 6. Students in grades 7 – 12 may bring in the medications to the health office. Some exceptions may apply for emergency medications (inhalers and EpiPens).
- Plano schools will not administer homeopathic remedies to any student. These remedies include but are not limited to: essential oils, teas, herbs, and salves.
- The only medication(s) that a student may have in their possession is an inhaler, EpiPen, or diabetic supplies. A current Inhaler/EpiPen Self Administration Form or Diabetic Medical Management Plan must be on file in the health office.
- If tube feedings and/or water flushes into a G-tube are necessary throughout the school day, signed doctor's orders are required.
- All medications remaining in the health office after the end of the school year will be discarded appropriately