



# Lyons Township High School Medication Authorization

All medications require physician and parent signatures

## Health Services

North Campus Office 708-579-6364 Fax 708-579-6002

South Campus Office 708-579-6531 Fax 708-784-9574

### PHYSICIAN ORDER (One medication order per form)

Student Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_ Time given at school: \_\_\_\_\_

Route: \_\_\_\_\_ Possible side effect(s): \_\_\_\_\_

Prescription Medication Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for medication and/or intended effect: \_\_\_\_\_

Other medications student is receiving that may impact learning: \_\_\_\_\_

**Rescue inhaler and/or Epipen-** We recommend "back up" medication be stored in Health Office.

- 1. Student may carry medication on his/her person  Yes  No
- 2. Student may self-administer medication.  Yes  No

Directions for self-administration: \_\_\_\_\_

Physician's Name (PRINT) \_\_\_\_\_ Office Stamp/Address \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone # \_\_\_\_\_

### Parental Authorization

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Lyons Township High School District 204 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) , medication according to School Board Policy (5.14.1) and Medication Authorization Form.
2. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices.
3. I acknowledge the student is responsible for having the medication available as needed and the student has demonstrated competency in the proper way to use the medication.
4. For parent(s)/guardian(s) of students who use rescue inhalers and/or Epipens: I authorize the school district and its employees and agents to allow my child or ward to possess and use his/her asthma medication and/or epinephrine auto-injector as directed by physician: (1) while in school (2) while at a school-sponsored activity, (3) while under the supervision of school personnel (4) before or after normal school activities (5) while on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).
5. To indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.
6. **It is incumbent of the parent(s)/guardians(s) to provide the school's health office with any changes or status updates.**

Parent/Guardian's Signature: \_\_\_\_\_

Parent/Guardian's Emergency Phone Number: \_\_\_\_\_

Board Review:

*(Please see reverse side for Administration of Medication Policy/Procedure)*

**Lyons Township High School District 204**  
**ADMINISTRATION OF MEDICATION TO STUDENTS**

**POLICY:**

Parents/guardians have the primary responsibility for the administration of medication to their children. The administration of medication to students during regular school hours and during school related activities is discouraged unless necessary for the critical health and well being of the student. The administration of medication to students is subject to guidelines established by the Superintendent or designee, in keeping with state agency recommendations (e.g., Illinois Dept. of Professional Regulations, Illinois Dept. of Public Health, and Illinois State Board of Education).

Reference: Board Policy 5.14.1

**PROCEDURES/GUIDELINES:**

1. **Medication Authorization Form** – School personnel shall not administer to any student, nor shall any student possess or consume any prescription or non-prescription medication except after filing a complete medication authorization form. The school nurse reviews the written authorization and consults with the parent/guardian, licensed prescriber or pharmacist for additional information as necessary. Authorization and any subsequent changes include:
  - A. Physician, advanced practice registered nurse, physician’s assistant, dentist, or podiatrist-licensed prescriber’s written order including signature.
  - B. Student’s name, medication name, dosage and date of order.
  - C. Administration instructions (route, time or intervals, duration of prescription)
  - D. Reason/intended effects and possible side effects
  - E. Parent/guardian written permission.
2. **Appropriate Containers** – Medication and refills are to be provided in containers, which are:
  - A. Prescription labeled by a pharmacy or licensed prescriber displaying Rx number, student name, medication, dosage, and directions for administration, date and refill schedule and pharmacist name.
  - B. Manufacturer labeled non-prescription over-the-counter medication.
3. **Administration of Medication:** A Certified School Nurse, School Administrator or Designated Staff Member shall supervise the administration of the medication. Other certified school personnel may also volunteer to assist in medication administration and may be given instructions by the nurse. If no volunteer is available, the parent/guardian must make arrangements for administration. Parents must provide advance notice to the school nurse of field trips or other off campus activities. The school nurse or administration retains the discretion to deny requests for administration of medication.
4. **Self-Administration** - A student may self-administer medication at school and activities if so ordered by his/her medical provider. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For “as needed” medications such as those taken by students with asthma or allergies, the physician may also order that the student carry the medication on his or her person for his/her own discretionary use according to medical instructions, however no daily documentation will be possible in this case. Self-administration privileges may be withdrawn if a student exhibits behavior indicating lack of responsibility toward self or others with regard to medication. Parent signature on this form acknowledges that “the school district is to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the pupil and that the parents/guardians indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the pupil.” (Reference IL PA 92-0402)
5. **Storage and Record Keeping** – Medication will be stored in a locked cabinet. Medication requiring refrigeration will be stored in a secure area. Each dose will be recorded in the student’s individual health record. In the event a dose is not administered, the reason shall be entered in the record. Parents may be notified if indicated and it shall be entered in the record. To assist in safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan. For long-term medication, written feedback may be provided at appropriate intervals or as requested by the licensed prescriber and/or parent/guardian.
6. **Documentation, Changes, Renewals, and Other Responsibilities** – To facilitate required documentation, medical orders, changes in medical orders, and parent permissions may be faxed to Health Services. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student’s health. At the end of the school year or the end of the treatment regime, the student’s parent(s) or guardian are responsible for making arrangements for removing any unused medication. Any medication left in the health office at the end of the school year will be disposed of by certified school nurse. Every prescription and over the counter medication order must be renewed each school year.