



# 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 (7:270) 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 (7:270)**

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent/guardian believe that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures.

A student may possess an epinephrine auto-injector, e.g., EpiPen®, and/or medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent/guardian has completed and signed a "School Medication Authorization Form." The School District shall 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 or the storage of any medication by school personnel. A student's parent/guardian must 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 a student's self-administration of an epinephrine auto-injector and/or medication, or the storage of any medication by school personnel.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

### **Procedures**

1. Students are prohibited from carrying medications or keeping medications in their locker, with the exception of students authorized to self-carry/self-administer emergency asthma medication, epinephrine auto injector or insulin. The availability of back-up medication in the health office is strongly encouraged.
2. The first dose of a medication must be administered at home.
3. A medication authorization is required for all prescription and over the counter medication.
4. Prescription medications should be provided in a container appropriately labeled by the pharmacy.
5. Over the counter medications should be provided in the original packaging and clearly labeled with the student's name.
6. Controlled substance medications must be delivered to the health office by the parent/guardian or other responsible adult.
7. Any medication left in the health office at the end of the school year will be appropriately disposed of.
8. All medication authorization forms must be renewed at the beginning of each school year.