

ADMINISTRATION OF MEDICATION AND TREATMENT

District #19 retains the right to reject requests for administration of medication or treatment.

Only in the case of prescribed medication or treatment necessary for the student to remain in daily attendance or where failure to take medication or treatment could jeopardize the student's health, should medication or treatment be administered in school.

No school personnel shall administer to any student, nor shall any student possess or consume any prescription or non-prescription medication until a complete signed School Medication Authorization Form (written form) is filed. This form shall be completed annually or updated as required by a change in medication, by the student's parent(s)/guardian(s) and physician and shall be on file at the school building which the child attends. This form shall be filed prior to dispensation of any medication to a student.

Should the need for medication or treatment at school arise, the following is required:

- A. Signed orders from the physician or dentist detailing the name of the student and date of birth, date, medication or treatment, time / frequency of administration, dosage, and route.
- B. Signed parental request for the school to administer prescribed medication or treatment.
- C. Medication must be brought to school in the original package with student's name affixed to label. Parents/guardians will be responsible for providing all supplies and equipment needed to perform treatment.

The school nurse, her substitute, or a person designated by the principal will administer medication or treatment. The medication will be stored in a locked space.

The nurse will keep a daily record of medication or treatment administration data. She will contact the student's teachers, doctor, or parents as needed concerning the medication or treatment.

If the medication or treatment is changed, a new physician's order and written parental permission is required.

Self-administration by a student and School Nurse administration of an asthma inhaler or epinephrine auto-injector are governed by Section 22-30 of the School Code. 105 ILCS 5/22-30. Students affected by asthma or at risk of anaphylaxis are allowed to self-medicate under the conditions set-forth in the School Code. A copy of Section 22-30 of the School Code and all necessary forms are available in each Building Principal's office. School Nurses, Teachers and Administrators shall make sure that the parents comply with the requirements of the School Code.

Please be advised that Section 22-30 of the School Code authorizes the provision of an epinephrine auto-injector to students (or the provision of same to other personnel to administer to students) that meets the prescription on file for that student and who has an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action Plan or 504 Plan that authorizes the use of an epinephrine auto-injector. Moreover, the School Code allows a School Nurse to provide or administer an epinephrine auto-injector that meets the prescription on file for that student and who otherwise satisfies the above criteria, or any other student the School Nurse in good faith professionally believes is having an anaphylactic reaction. The School District, its agents and employees, including School Nurses, acting in good faith shall incur no liability, regardless of the status of parental or physician authorization, as a result of injury arising from the use of an epinephrine auto-injector.

The undersigned agrees to indemnify and hold harmless the School Districts, its agents and employees, including school nurses, against any claim, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or the use of an epinephrine auto-injector, regardless whether authorization was given by the student's parents or guardians, or by the student's health care provider.

At the end of the school year unused medication, left in the possession of the school nurse will be appropriately disposed of.

I have read, clearly understand and hereby agree to the instructions and guidelines as set-forth above concerning the administration of medication to my child identified below, including the use of epinephrine auto-injectors.

Name of Student: _____

Parent(s)/Guardian(s) Signature

Date

Phone