District #128 Procedure for Administration of Medication to Students

Medication shall not be administered to a student at school unless absolutely necessary for the critical health and wellbeing of the student. This procedure shall apply to both prescription and nonprescription medication.

If it is determined that medication must be given to a student at school, the procedure set forth below shall be followed.

1. Medication shall be administered by a registered nurse or an administrator. A registered nurse may delegate (in accordance with the IL Nurse Practice Act) medication administration in a school to a willing non-nurse staff member who has been approved to do so by the non-nurse staff member's supervisor.
2. A licensed prescriber shall provide written orders detailing the name of the student, the diagnosis or symptom for which the medication is ordered, the name of the medication, and contact information for the healthcare provider. In addition, the written order shall indicate any expected reactions to the medication. The order shall be renewed each school year, unless earlier renewal is required by the licensed prescriber.
3. In addition to the written order from a healthcare provider, the student's parent or guardian shall provide a signed authorization to administer the medication.
4. As a courtesy to parents/guardians, the school may provide stock acetaminophen and ibuprofen for students to request. However a completed Medication Form must be provided before a student will be eligible to request such medications.
5. Medication shall be delivered to school by the student's parent/guardian and given to the nurse in the original package or an appropriately labeled container. Prescription medication shall display: student's name, medication name and dosage, administration directions, date and refill, licensed prescriber's name, pharmacy's name, contact information, and name or initials of pharmacist. Over-the-counter medication shall be in the original container with the manufacturer's label listing all contents, and the student's name affixed to the label.
6. Medication shall be kept in a safe, locked place at school.
7. The school nurse shall keep a written record of all medication administration. This record will include: students' names, medication, dosage, time, date, who administered medication, and absenteeism or other reason for missed dosage. This record will be placed in the student's health file along with the physician's written order and the parental authorization to administer the medication.
8. The student's parent/guardian shall remove any unused medication from the school at the end of therapy, or the end of the school year. If the parent/guardian fails to remove unused medication, the school nurse will appropriately dispose of it in the presence of a witness.

No medication will be administered to students unless these guidelines are followed.

Self-administration shall be permitted only for the types of medications and conditions authorized by State law. The registered nurse and/or school administrator, in consultation with the student's health care provider/licensed prescriber, shall retain the right to decline to allow a medication to be administered by school staff. Any medical order that is declined must be communicated to the parent as well as to the prescriber, along with the medical/nursing rationale and offer to accommodate with a different medication or regimen.

Regarding single-dose administration of medication requests by parent/guardians during the school day: If there is no medication administration form on file, the parent/guardian must administer the medication to the student. If prescribed medications are discovered in a student's possession or dropped off, the parent will be notified of this requirement. If the parent refuses to administer the medication, the medication will be discarded appropriately, according to medication disposal guidelines.

A student with asthma, diabetes, and/or allergies may carry and self-administer the student's prescribed asthma medication, insulin, and/or epinephrine auto-injector provided that the following information is kept on file in the Nurse's Office: the student's parent/guardian will provide a parental written authorization for the self-administration of medication, and a written order from the licensed prescriber containing the following information: name and purpose of medication, prescribed dosage, and time or special circumstances under which the medication is to be administered.

All controlled substances prescribed by a licensed provider must be administered by the school nurse, unless otherwise permitted by law.

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

Community High School District #128

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847-327-7016
Fax: 847-327-7933

Vernon Hills High School
847-932-2040
Fax: 847-932-2188

SCHOOL TYLENOL/ADVIL AUTHORIZATION FORM

Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for administration of any medication at school. Please complete the following information, circle your preference of which over-the-counter medication(s) you would like your child to have permission to take while at school, and provide the appropriate signatures at the bottom of this form. This form will be kept on file in the Nurses' Office and will be valid until graduation.

Student Name:_____ **Birth Date:**_____

TYLENOL OR ADVIL PERMISSION

Please circle which medication you would like your child to have permission to take during the school day. **The Nurses' Office stocks a generic supply of the medications listed below (Acetaminophen/Tylenol and Ibuprofen/Advil or Motrin).**

Acetaminophen 325mg	**Ibuprofen 200mg**	**Acetaminophen 500mg**
1-2 tablets	1-2 tablets	1-2 tablets (Extra Strength)
(Every 6 hours as needed)	(Every 6 hours as needed)	(Every 6 hours as needed)

TO BE COMPLETED BY THE LICENSED PRESCRIBER (Physician/APN/PA-C):

I authorize Community High School District 128 to administer said medications to my child, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature:_____ **Date:**_____
(REQUIRED)

Licensed Prescriber Signature:_____ **Date:**_____
(REQUIRED)

Licensed Prescriber Name (Printed/Stamp):_____**Date:**_____