CHRISTIAN HERITAGE
ACADEMY

MEDICATION ADMINISTRATION FORM

Student Name: _____Date of Birth: _____ Grade: _____

Medication Allergies: _____ Food Allergies: _____

Written permission by a medical provider and parent/guardian is required for the administration of any medication at school.

Emergency Medication Carried by Student (*valid for 1 school year)*

- ❑ Epinephrine: Name: _____ Dose:_____ Frequency:_____ Expiration Date: _____
- ❑ Antihistamine: Name: _____ Dose:_____ Frequency:_____ Expiration Date: _____
- ❑ Inhaler: Name: _____ Dose:_____ Frequency:_____ Expiration Date: _____
- ❑ Anti-seizure: Name: _____ Dose:_____ Frequency:_____ Expiration Date: _____
- ❑ Insulin/Glucose Monitoring Supplies (Please list):
  _____

Prescription Medication (*valid for 1 school year)*

Medication: _____ Dosage: _____ Reason: _____

Side Effects: _____ Time to be given at school: _____ Duration of Order: _____

Medication: _____ Dosage: _____ Reason: _____

Side Effects: _____ Time to be given at school: _____ Duration of Order: _____

Medication: _____ Dosage: _____ Reason: _____

Side Effects: _____ Time to be given at school: _____ Duration of Order: _____

Other medications not taken at school that may impact learning: _____
_____

Over the Counter Non-Prescription Medication as needed (*valid for 5 years)*

- ❑ Acetaminophen (Tylenol) 500mg; 1-2 tablets every 6 hours
- ❑ Acetaminophen (Tylenol) liquid; according to weight/age every 4 hours
- ❑ Ibuprofen (Advil/Motrin) 200mg; 1-2 tablets every 6 hours
- ❑ Ibuprofen (Advil/Motrin) liquid; according to weight/age every 6 hours
- ❑ Diphenhydramine (Benadryl) liquid; 5-10 ml every 4-6 hours
- ❑ Cetirizine (Zyrtec) liquid; 5-10 ml once daily
- ❑ Other medication: _____ Dose: _____ Frequency: _____

Licensed Prescriber Signature(MD, DO, DDS, APN, PA, OD, DPM): _____Date: _____

Parent/Guardian Signature: _____Date: _____

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GUIDELINES FOR MEDICATION ADMINISTRATION

The administration of medication to children is primarily the responsibility of parents/guardians. **Middle School, Lower School and Elementary Education students are not permitted to carry or administer prescription (except emergency for MS) or non-prescription medication, including cough drops**. According to the Illinois School Code, the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and well-being of the student.

Any changes in medication orders require a new Medication Authorization Form. It is the parent/guardian's responsibility to bring refills to school when needed, and to inform the nurse of any changes in student health. Medication remaining at the end of the school year must be released to a parent/guardian or it will be discarded. Prescription medication orders must be renewed each school year.

1. **Authorization -** No school personnel will administer any prescription or nonprescription medication unless the Medication Authorization Form is entirely completed.
2. **Administration -** Medication will be administered by a nurse, volunteer nurse, or CHA personnel as directed by CHA administration. If no volunteer is available, the parent/guardian must make arrangements for administration. CHA retains the discretion to deny requests for administration of medication. To assist in the safety and quality care of our children, CHA faculty and staff may be informed of the medication plan to help assist in monitoring intended effects and/or possible side effects of the medication.
3. **Medication -** Medication must be brought to school in original containers, by an adult.
    a. **Prescription medications** shall display the pharmacy label that includes the student's name, prescription number, medication name, dosage, date, refill date, licensed prescriber's name, and name or initials of pharmacist.
    b. **Non-prescription medications** shall display the manufacturer's original label with the ingredients listed and child's name affixed to the original container.
4. **Storage -** Medication will be stored in a separate locked drawer or cabinet in the Health Services office. Medication requiring refrigeration will be refrigerated in a secure area.
5. **Record Keeping -** Medication given will be recorded in each student's health record. In the event a dose is not given, the reason shall be entered in the record. The parent may be notified, if necessary.
6. **Self Administration -**
    a. **Emergency Medications-** A physician may order a student to carry emergency medications such as those for asthma or allergies 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 regards to medication. The parent signature on this form indicates their student knows how and when to use their medication and when to request adult assistance. The parent signature also acknowledges that CHA and personnel incur no liability 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 CHA, 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.
    b. **Upper School Students-** US Students are permitted to carry and self-administer over the counter medication. If needed, students may visit Health Services to use stock over the counter medication.
7. **Field Trips -** CHA personnel will provide designated medication to the supervising teacher, in a properly labeled container with instructions to be given to the student. Students without prescribed emergency medication submitted to CHA will not be permitted to attend the field trip, at the family's cost.

These guidelines are established in keeping with the state agency recommendations (e.g. Illinois Department of Public Health, Illinois State Board of Education, Illinois School Code).