

WINNETKA SCHOOL DISTRICT 36 – MEDICATION PERMIT 2010/2011

All medications require written authorization. See policy on reverse. This form must be renewed annually. One form per student.

Student's Name: _____ Birthdate: _____ Grade: _____ Date: _____

Address: _____ Telephone: _____

Medication allergies: _____

Parent/Guardian signature acknowledges authorization of Winnetka School District 36 to administer medication to my child according to school board policy and medication administration procedures and guidelines on the reverse side of this form.

***Parent/Guardian Signature:** _____ **Date:** _____

MEDICATIONS for ASTHMA, ALLERGIES and DIABETES

Physician orders for: **Inhaler, Epi-pen** with or without **Benadryl, Insulin** and **glucose monitoring**

Medication: _____ Dose: _____ Route: _____ Frequency: _____

Purpose: _____ (Circle all that apply)

Student may carry medication on his/her person: yes no

Student may self-administer: yes no

"Back up" medication to be provided to Health Office: yes no

Instructions for self administration: _____

The student has been instructed in the proper administration of this medication and understands the need for the medication and the necessity to report unusual side effects or symptoms to school personnel. He/she is capable of using this medication independently. Parent signature acknowledges parent understanding of item#4 on the reverse of this form.

Prescriber's Initials(Required): _____ Date: _____ Parent/Guardian's Initials: _____ Date: _____

PRESCRIPTION MEDICATIONS and or OVER THE COUNTER MEDICATIONS

All medications must be brought to the Health Office by the parent/guardian in a prescription-labeled container or in the original over the counter medication container .

A separate form must be completed for each medication.

Diagnosis: _____

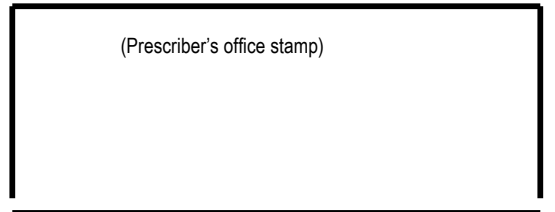
Medication: _____ Strength: _____

Dose: _____ Route: _____

Time to be given at school: _____ Start date: _____

Intended Effect: _____ Re-evaluation date: _____

Possible adverse reactions: _____



Other medications this student is taking: _____

Physician's Name (Please Print) _____

Address _____ Phone _____

***Prescriber's Signature:** _____ **Date:** _____

(Required)

Winnetka School District 36
Administration of Medication to Students

Parents/guardians have 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, to maintain the student in school, or in the event of an emergency. 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 Department of Professional Regulation, Illinois Department of Public Health, and Illinois State Board of Education).

Procedures and Guidelines

1. Medication Authorization Form—No school personnel shall 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. This authorization and any subsequent changes shall include:

Licensed prescriber's written, signed and dated prescription. Licensed prescribers include physicians, advanced practice registered nurses, physician's assistants, dentists and podiatrists. The prescription shall include the child's name, date of birth, medication name, date of order and date of discontinuation, if applicable.

The child's diagnosis related to the medication, possible adverse effects, and other medications being taken.

Administration instructions including: dose, route, and frequency. Please note: Medications taken three times a day should be given at home before school, after school, and at bedtime; unless specifically ordered otherwise.

Parent/guardian written permission.

The school nurse will review the written authorization and will consult with the parent/guardian, licensed prescriber, or pharmacist for additional information if necessary. Nurses are responsible for their own actions regardless of the licensed prescriber's written order, and have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent/guardian, the student's prescriber and the school administration.

2. Appropriate Containers—Medication and refills are to be provided in containers which are:

Prescription-labeled by a pharmacy or licensed prescriber (must display student's name, prescription number, medication, dose, directions for administration, date and refill schedule, pharmacy label, and pharmacist identifying information). Please ask the pharmacist for a second, properly labeled bottle for school.

Manufacturer-labeled container for non-prescription over the counter medication.

Medications sent to school in lunch boxes, baggies, envelopes or like containers will not be dispensed.

3. Administration—Medication will be administered by a certificated school nurse, registered nurse, or school administrator. Teachers or other employees cannot be required to administer medication or supervise self-medication, although they may volunteer to do so after receiving training in the correct procedure. This does not prohibit any school employee from administering emergency assistance to a student. If no volunteer is available, the parent/guardian must make arrangements for administration. A student's parent/guardian may come to school to administer medication to his/her own child. The school nurse or administration retains the discretion to deny requests for administration of medication. A one time dose can be given with parent/guardian permission. No further doses will be provided without the completed medication permit on file.

4. Self Administration—A student may self-administer medication at school and activities if so ordered by his/her medical provider. A completed medication authorization form must be on file. Daily documentation will be provided as below (#5) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma and allergies, the prescriber 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. Self administration privileges may be withdrawn if the student exhibits behavior which indicates lack of responsibility toward self or others in regard to his or her medication. Signature of the parent on this form indicates that parent/guardian 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.

.5 Storage and Record Keeping—Medication will be stored in a locked cabinet. Medications requiring refrigeration will be 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. The parent may be notified if indicated.

6. Documentation, Changes, Renewals and Other Responsibilities—To facilitate needed documentation, medication prescriptions or dosage changes and parent permission forms may be faxed. It is the parent/guardian's responsibility to assure that all medication prescriptions and required forms are brought to school, refills provided when needed and to inform the school nurse of any changes in the student's health or medications. Medication remaining at the end of the school year will be discarded unless removed by the parent/guardian. Medication authorization forms must be renewed every year both for prescription medication and for over the counter medications. Copies of this policy and form shall be given to the parents/guardians of each student every school year.

Crow Island School	Health office 847-446-1048	fax 847-446-9021
Greeley School	Health office 847-446-2638	fax 847-501-5737
Hubbard Woods	Health office 847-446-1062	fax 847-501-6124
Skokie School	Health office 847-441-2194	fax 847-441-2193
Washburne School	Health office 847-446-6260	fax 847-446-9408