

LOCKPORT TOWNSHIP HIGH SCHOOL
DISTRICT 205
ADMINISTERING MEDICATION TO STUDENTS

Section I

Prescription Medication

Medication required by a student shall generally not be administered at school by a District employee. This policy includes even common and widely used over-the-counter preparations.

However, students recovering from temporary illness or students on permanent medication who require medication during the school day may bring medication to school following these guidelines:

1. A written statement from the student's physician, indicating the necessity for the medication along with the medication name and dosage, administration route and /or other direction, licensed prescriber's name, pharmacy name, address and telephone number.
2. A written request for permission to administer the medication along with a written release of liability from the parent(s)/guardian(s) shall be required.
3. Medication shall be brought to school in appropriately labeled containers. The name of the student and the names and phone numbers of the physician and pharmacy shall be indicated on the containers.

Prescription medication shall be administered by the school nurse or other designated personnel.

All prescription medication with the exception of inhalers will kept in a locked drawer or cabinet.

Section II

Non-prescription Medication

District 205 follows the state guidelines for medication administration. This means that students are responsible for their own over-the-counter medication such as Tylenol, Midol, aspirin, etc., as long as they have a written medication authorization from their parent or guardian on file in the nurse's office for all non-prescription medication that they bring to school. No non-prescription medication will be supplied at any time to any student by District 205 employees. Non-prescription over-the-counter medication must be taken in the nurse's office under adult supervision. All medication should be in its original container and labeled with the student's name. No loose pills or capsules are to be carried by the student in school. **Under no circumstances** are students to share their medication with one another.

Each student must take responsibility for understanding the medication he/she is taking. He/she should be able to verbally articulate the medication name and dosage, the route taken, why it is needed and its possible side effects as well as how many hours are needed between each dose.

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.

In all cases the school retains the discretion to reject a request for administering medication.

LOCKPORT TOWNSHIP HIGH SCHOOL DISTRICT 205

PRESCRIPTION MEDICATION AUTHORIZATION FORM

Name: _____ Date of Birth: _____

Physician's Orders: (to be filled out by the **ATTENDING DOCTOR**—PLEASE PRINT)

Name of Medication Dosage

Time Route

Prescription Date Expected Discontinuation Date

Reason for prescribing medication during school hours

Time interval for re-evaluation

Possible side effects of medication:

PHYSICIAN'S SIGNATURE: _____

Address: _____

Phone Number: _____ Date: _____

Parent Authorization

I hereby authorize _____ to take the medication as prescribed above. Prescription medication, except for inhalers, will be kept in the nurse's office. All prescription drugs shall be prescribed by an Illinois licensed physician or dentist. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices. I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against School District 205, its employees and agents, arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the administration or attempts at administration of said medication, including the self-administration of inhalers and M.D. ordered non-prescription medications.

Parent/Guardian Signature Home/Work/Cell Phone Numbers

Address

Emergency Number

LOCKPORT TOWNSHIP HIGH SCHOOL DISTRICT 205

NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

Name: _____ Date of Birth: _____

Address: _____

City and State: _____ Zip: _____

Telephone Number: _____

Parent Authorization

I am requesting that my son/daughter take the following over-the-counter medication that I have supplied during school hours.

Name of Medication

Type (tablet, liquid, or capsule)

Dosage

Time Interval Between Doses (how often)

Possible Side Effects

I certify that _____ has been instructed in the use and self-
administration of _____
Name of Student Name of Medication

He/she understands the reason for the medication and the necessity to report to school personnel any unusual side effects. He/she is capable of using this non-prescription medication in the presence of an adult in the nurse's office.

I acknowledge that it may be necessary for my son/daughter to take non-prescription (over-the-counter) medication during school hours. I further acknowledge and agree that, he/she is capable of carrying this non-prescription medication, and I waive any claims I might have against School District 205, its employees and agents, arising out of the self-administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action, or injuries incurred or resulting from the self-administration of said medication in the presence of an adult in the nurse's office.

I may be reached at the following phone numbers in the event of a reaction to the medication or in case of an emergency:

Parent/Guardian Signature

Home/Work/Cell Phone Numbers