

## MEDICATION ADMINISTRATION IN SCHOOL

Only those medications which are absolutely necessary to maintain the child in school, and must be given during school hours, will be administered. The school nurse or administrative school employee shall be responsible for the administration of medication during the school day. Other school personnel may volunteer to administer medication if they have been instructed by the school nurse or administrative employee.

- I. Parents must follow these guidelines for **all** medications (including over-the-counter medication):
  - A. The Medication Authorization form requesting that medication be given during school hours must be filled out and signed by a physician and signed by a parent or guardian. You will find this form is on the back of this sheet.
  - B. If a child has medical needs that require that they carry their medication, the physician must indicate (and initial) that on the attached form. Appropriate staff (including the principal and homeroom teacher) will be notified regarding the reason for taking the medication and its side effects.
  - C. Parents must provide the medication. No stock medication is available. Over-the-counter medications must be brought in an original container. Medication sent to school in baggies, envelopes, school lunches, etc. will not be administered. Prescribed medication must be brought to school by the parent in a container labeled by the pharmacy with the following clearly stated:
    1. Child Name
    2. Physician's Name
    3. Name of Medication
    4. Dosage to be given
    5. Time to be administered
 \*\*\*When having a prescription filled, please ask the pharmacist to give you a second properly labeled bottle for the school.
  - D. All medication forms need to be filled out annually. All unused medication, including over-the-counter medication, must be picked up by the parent at the end of the school year, or it will be discarded. **No medications will be kept for the following school year.**
  - E. The parents or guardian of the child must inform the school nurse of any changes in the child's health status or change in medication.
- II. The school nurse or administrative school employee will:
  - A. Store medication in the school health office, easily accessible to the school nurse and designated school personnel. The cabinets or office will be locked only when no staff member is present in the health office. The principal and the school secretary will hold appropriate keys. Medication kept at school will be properly labeled with the student's name, and will be inspected monthly for expiration date and efficacy.
  - B. Administer medication and record of the date and time given.
  - C. Train necessary school personnel with the basic first aid and medication treatment (e.g. epi pen, inhaler) needed in emergency medical conditions such as anaphylactic shock, diabetes, asthma, and epilepsy.
  - D. Support the self-administration of medication (as determined by the child's physician) when carried on the student.
    1. Inhalers used for prevention of asthma attacks may be stored in the PE office.
    2. Students who carry medication (e.g. inhalers and epipens) may have a supervisor temporarily hold the medication during gym and/or lunch recess for safety reasons.
  - E. Retain the discretion to reject, in a timely fashion, requests for administration of medications at school.
  - F. Provide emergency treatment (by calling 911) in connection with or as a result of the administration of any medication or the general health condition of any student. School personnel will notify the parent or guardian immediately.
  - G. Make copies of this policy available at the start of the school year, as well as on the district web site.
  - H. For field trips and other school-sponsored activities, please refer to the building field trip procedures.

**OVER**

**School Fax Numbers**

Central (847) 251-4086  
 Harper (847) 251-4176  
 McKenzie (847) 251-4067  
 Romona (847) 251-4153  
 Highcrest (847) 256-0083  
 WJHS (847) 256-0204

**For School Use Only**

Exp. date: \_\_\_\_\_  
 Homeroom teacher: \_\_\_\_\_  
 Weight: \_\_\_\_\_

**Wilmette Public Schools District 39  
 MEDICATION AUTHORIZATION FORM  
 PHYSICIAN'S ORDER**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Parent Email Address \_\_\_\_\_  
 Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_  
 Specific Time/Instructions \_\_\_\_\_  
 Reason for this medication and/or intended effect \_\_\_\_\_  
 Possible Side Effects \_\_\_\_\_  
 Other Medications Prescribed for this student \_\_\_\_\_  
 Possible Drug Interactions \_\_\_\_\_

**Emergency Medication: EPI PENS AND INHALERS ONLY**

***\*Choice must be initialed by MD\****

\_\_\_\_\_ Student may carry this medication on his/her person.  
 (It is recommended that "back-up" medication be stored in the school's health office.)  
 \_\_\_\_\_ Student may self-administer medication. I have instructed the student on the administration of  
 this medication and find that he/she is able to administer this medication independently.

Physician's Name (Please Print) \_\_\_\_\_  
 Address \_\_\_\_\_ Telephone \_\_\_\_\_  
 Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN Authorization**

**Wilmette Public Schools and its employees and agents, are hereby authorized to administer to the above named student or to allow the self-administration of the lawfully prescribed medication described above. I further acknowledge and agree that when the lawfully prescribed medication is so administered I waive any claims against the School District and its employees, which might arise out of the administration of said medication. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication.**

\_\_\_\_\_  
 Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please Note:**

- \*Over-the-counter medication must be in the manufacturer's labeled container.
- \*Prescription medication must be in container labeled by a physician or pharmacist.
- \*A separate form must be completed for EACH medication that is to be administered during school hours by District 39 personnel.