



LEYDEN

HIGH SCHOOL DISTRICT 212

West Leyden High School
1000 Wolf Road
Northlake, IL 60164
Health Office: 847-451-3130
Fax: 847-451-5741

East Leyden High School
3400 Rose Street
Franklin Park, IL 60131
Health Office: 847-451-3084
Fax: 847-451-3085

ADMINISTRATION OF MEDICATION TO STUDENTS

MEDICATION POLICY:

The purpose of administering medications in school is to help each child maintain an optimal level of health that may enhance his or her educational plan. The medications shall be those required during school hours that are necessary to provide student access to the educational program. Only those long-term medications which are absolutely necessary to maintain the child in school and which must be given during school hours shall be administered. 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 Dept. of Professional Regulations, Illinois Dept. of Public Health, and Illinois State Board of Education). Reference: Board Policy 7:270-API

PROCEDURES/GUIDELINES:

1. Medication Authorization Form:

A written order for prescription and non-prescription medications must be obtained from the registered nurse, completed and signed by the student's licensed prescriber, signed by a parent or guardian, and filed with the registered nurse before medication will be administered. The nurse shall review the written order, require any additional information from the parent or guardian or the student's licensed prescriber appropriate to complete the review consult with the principal of the school or school district medical advisors and approve or deny the order. Authorization and any subsequent changes include:

- A. Physician, advanced practice registered nurse, physician's assistant, dentist, or podiatrist-licensed prescriber's written order including signature.
- B. Student's name, medication name, dosage, and date of order.
- C. Administration instructions (route, time or intervals, duration of prescription)
- D. Reason/intended effects and possible side effects
- E. Parent/guardian written permission

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

- A. Prescription labels by a pharmacy or licensed prescriber displaying Rx number, student name, medication, dosage, and directions for administration, date, and refill schedule and pharmacist name.
- B. Manufacturer labeled non-prescription over-the-counter medication.

3. Administration of Medication - A Registered Nurse, School Administrator or Designated Staff Member shall supervise the administration of the medication. Other certified school personnel may also volunteer to assist in medication administration and may be given instructions by the nurse. If no volunteer is available, the parent/guardian must make arrangements for administration. Parents must provide advance notice to the school nurse of field trips or other off campus activities. The school nurse or administration retains the discretion to deny requests for administration of medication.

4. Self-Administration - A student may self-administer medication at school and activities if so ordered by his/her medical provider. Daily documentation will be provided as below (#6) for such health office supervised self-administration. For "as needed" medications such as those taken by students with asthma or allergies, the physician 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 in this case. Self-administration privileges may be withdrawn if a student exhibits behavior indicating lack of responsibility toward self or others with regard to medication. Parent signature on this form 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. Medication requiring refrigeration will be stored 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. Parents may be notified if indicated and it shall be entered in the record. To assist in safe monitoring of side effects and/or intended effects of the treatment with medication, faculty and staff may be informed regarding the medication plan. For long-term medication, written feedback may be provided at appropriate intervals or as requested by the licensed prescriber and/or parent/guardian.

6. Documentation, Changes, Renewals, and Other Responsibilities - To facilitate required documentation, medical orders, changes in medical orders, and parent permissions may be faxed to the Health Office. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student's health. At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian are responsible for making arrangements for removing any unused medication. Any medication left in the health office at the end of the school year will be disposed of by a registered nurse. Every prescription and over the counter medication order must be renewed each school year.

Leyden High Schools District 212 Medication Authorization

All medications require physician and parent signatures

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PHYSICIAN ORDER (One medication order per form)

Student Name: _____ Date of birth: _____

Medication: _____ Dosage: _____

Frequency: _____ Time given at school: _____

Route: _____ Possible side effect(s): _____

Prescription Medication Start Date: _____ End Date: _____

Reason for medication and/or intended effect or purpose of medication _____

Other medications student is receiving that may impact learning: _____

Rescue inhaler and/or Epipen- We recommend "back up" medication be stored in Health Office.

- 1. Student may carry medication on his/her person Yes No
- 2. Student may self-administer medication. Yes No

Directions for self-administration: _____

Physician's Name (PRINT) _____ Office Stamp/Address _____

Physician's Signature: _____

Date: _____ Phone # _____

Parental Authorization

By signing below, I agree:

1. That I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Leyden High School District 212 and its employees and agents, in my behalf and stead, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), medication according to School Board Policy 7:270-API and Medication Authorization Form.
2. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices.
3. I acknowledge the student is responsible for having the medication available as needed and the student has demonstrated competency in the proper way to use the medication.
4. For parent(s)/guardian(s) of students who use rescue inhalers and/or Epipens: I authorize the school district and its employees and agents to allow my child or ward to possess and use his/her asthma medication and/or epinephrine autoinjector as directed by physician: (1) while in school (2) while at a school-sponsored activity, (3) while under the supervision of school personnel (4) before or after normal school activities (5) while on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine autoinjector (105 ILCS 5/22-30).
5. To 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 or employee.
6. **It is incumbent of the parent(s)/guardians(s) to provide the school's health office with any changes or status updates.**

Parent/Guardian's Signature: _____

Parent/Guardian's Emergency Phone Number: _____

Board Review:

(Please see reverse side for Administration of Medication Policy/Procedure)