

PLAINFIELD DISTRICT 202 MEDICATION AUTHORIZATION FORM

When a child requires medication, the primary responsibility for administering such medication rests solely upon the parents. The district recognizes that some short and long term conditions can be controlled or corrected only when medicated at intervals which may include school hours. In those instances when the doctor has determined that administration during school hours is necessary for optimum benefits, the school district endorses the following procedures:

1. Medications are defined as OVER-THE-COUNTER AND REGISTERED-PRESCRIPTION DRUGS . Only medication necessary to maintain a child in school shall be administered during the school day.
2. The physician will complete the Order for Medication (see below).
3. The parent will complete the Parent's Request to Administer Medication (see below).
4. Medication will be in the original container or prescription bottle appropriately labeled by the pharmacist, physician or manufacturer.
5. Medication will be stored in school in a safe place.
6. Only a certified school nurse, a registered nurse, or a certified administrator shall administer medications; however, any certified employee who is willing to do so may supervise the self-administration of medications if a nurse or administrator is not available.
7. If an oral medication is required during a field trip or other school sponsored activity that is held off premises, the parent will send a single dose of medication in a separate prescription bottle. The building nurse will send students' inhalers, epi-pens and insulin supplies from the health office.
8. Any certified employee may administer medications in emergency situations if, under the circumstances, the school nurse, a certified administrator or emergency medical personnel cannot be available in sufficient time and the student cannot reasonably self-administer the medication.
9. Unless otherwise authorized by administration and/or school nurse, no student is to be in possession of any medication upon the start of the school day.

In consideration, therefore, the undersigned releases Plainfield District 202, its Board, Agents, and Employees from all claims that may arise as a result of action or inaction resulting from the request herein made. It is understood that the parent or guardian(s) accept full responsibility for the giving of medication.

Students Name _____ Birth Date _____ Grade _____

LICENSED PRESCRIBER'S ORDER FOR MEDICATION

I have determined that the following medication must be taken during school hours.

Drug _____

Dosage _____ Time Given _____

Method _____

Side effects _____

Emergency Conditions _____

Diagnosis _____

Medication beginning date _____

Medication ending date _____

(In case of an emergency relating to the medication given at school, include the physician's telephone number.)

Physician's Signature Phone Number

PARENT'S REQUEST TO ADMINISTER MEDICATION

I hereby request that Plainfield District 202 administer the drug ordered by

Dr. _____ to my child during school hours.

Time: _____

Prescription Number _____

Pharmacy: _____

I can be reached at the following telephone number(s) in case there is a problem or a question _____.

Parent / Guardian Signature Date

Home Phone: _____

Work Phone: _____

Emergency Phone: _____