

Medication Administration in School:

Parents have the primary responsibility for the administration of medication to their children. Therefore, medication required by the students shall not be administered at school unless proper guidelines are followed.

It shall be the policy of the State of Illinois that administration of medication to students during regular school hours and during school related activities should be discouraged unless absolutely necessary for the critical health and well-being of the student. Under no circumstances are teachers or other non-administrative school employees, except certified school nurses, required to administer medication to students. This section shall not prohibit a school district from adopting guidelines for self-administration of medication by students. This section shall not prohibit any school employee from providing medical attention.

The Riverdale School District recognizes, however, that individual situations or emergency circumstances which occur at school or during school sponsored activities may require that the student receive medical attention immediately. The Board recognizes also that a student may be on a long-term management program, which requires the student to self-administer a drug. In such cases, the school nurse or appropriate administrator shall observe the following:

1. All medication must be in the original container bearing:
 - Student's name
 - Prescription number
 - Medication name
 - Medication dose
 - Administration protocol/direction
 - Name of ordering physician
 - Pharmacy name and phone number
2. Non-prescription medication (over-the-counter) must be in the original container with the student's name.
3. **All** medication must be accompanied with a completed and signed medication order sheet. **NO EXCEPTIONS!** Medication order sheets are available online and at the nurses' office. Administration of the medication will be started when the nurse reviews the medication *and* orders.
4. A new order will be needed each school year or whenever there are changes in medication or the health of the child. Orders are kept on file in the nurse's office.
5. It is the parent/ guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.
6. At the end of the school year or the end of the treatment regime, the student's parent /guardian will be responsible for removing from the school any unused medication. If the parent/ guardian does not pick up the medication by the end of the school year, the nurse will dispose of the medication(s) and document that it was discarded.
7. In the absence of a school nurse, such as on a field trip, medication may be administered by a parent or school personnel.
8. If the medication is to be carried with the student on school grounds, it must be approved by the physician, parent and nurse.

Medication Order Sheet – must be completed and signed by ordering

physician and parent.

Medication will NOT be administered until this form or written physician order is complete and accompanies the medication ordered.

Name of Student: _____ DOB _____ Grade _____

Must this medication be given at school to allow the child to attend? Yes _____ No _____

Condition for which medication is being administered: _____

Medication Name: _____ Dose: _____

Time medication is to be given at school: _____

Duration of administration: _____

If PRN, for what symptoms: _____

Relevant side effects: none expected or specify: _____

Prescriber's Name: _____ Telephone: _____

Prescriber's signature: _____ Date: _____

Is this medication to be self carried during school hours? Yes _____ No _____

Self carried/self administered must be approved/signed by prescriber and school RN.

Signature of prescriber: _____ Date _____

Signature of school RN: _____ Date _____

Parent/Guardian Authorization

I/We understand it is my responsibility to administer medication to my child. However, in the event I am unable to do so, I request that designated school personnel to administer the medication as prescribed by the above prescriber. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school. I understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded. I authorize the school nurse to communicate with the health care provider as allowed by HIPAA. I acknowledge and agree that, when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the school district, its employees and agents arising out of the administration of the 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 actions, or injuries incurred or resulting from the administration or attempts at administration of the medication. I have read and understand the Riverdale medication at school policy.

Parent/Guardian Signature: _____ Date: _____

Home phone: _____ Cell: _____

Orders reviewed by the school RN: _____ Date: _____