

Geneva Community Unit School District #304

SCHOOL MEDICATION AUTHORIZATION FORM

Only one medication per form

Student's Name: Birth date: School: Grade:

I hereby confirm primary responsibility to administer medication to my child. However, in the event that I am unable to do so, I hereby authorize Geneva Public Schools and its employees and agents, in my behalf and stead, to administer, or to attempt to administer, to my child, or allow my child to self-administer, while under the supervision of the employees and agents of the School District, lawfully prescribed medication in the manner described above. 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 OR HEALTH AIDE, 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 Geneva School District, its employees and agents, either jointly or severally, against any and all claims, damages, causes of action or injuries incurred or resulting from the administration, or attempt at administration, of said medication.

I hereby grant Geneva School District permission to contact the physician prescribing the medication for my child when deemed necessary.

Parent/Guardian Signature

Date

TO BE COMPLETED BY THE STUDENT'S PHYSICIAN FOR ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION:

Must this medication be administered during the school day in order to allow the student to attend school or to address the student's medical condition? YES NO

Name of medication:

Dosage: Frequency: Route: Time to be given in school:

Diagnosis requiring medication:

Intended effect of this medication: Side Effects:

Time interval for re-evaluation:

Other medications the student is receiving:

For asthma, epinephrine, and diabetic medications only:

Will this student self carry medication? YES NO

Will a second set of medication be kept in the health office at school? YES NO

Physician's Name—Print

Telephone Number:

Physician's Name—Signature

Date:

**Geneva Community Unit School District #304
Medication Authorization**

MEDICATION

Public Act 87-790 (effective January 1, 1992), states that, "It shall be the policy of the State of Illinois that the administration of medication to students during regular school hours and during school related events should be discouraged unless absolutely necessary for the critical health and well being of the student." Parents/Guardians have primary responsibility for administering medication to their children. Only those medications absolutely required for the critical health and well-being of the student will be administered during school hours or during school related activities. In order to insure the safe and proper administration of medication to students, the following procedures have been established in accordance with the guidelines from the State Superintendent of Education for the State of Illinois and policies of the Board of Education. The intent of these procedures is to protect the student, to provide a clear and consistent approach to the administration of medication and to ensure the physician, parents, school, and student understand their responsibilities.

Self Administration of Asthma Medication and/or Epinephrine Auto-Injector

Under Public Act 096-1460, students are permitted to self-administer asthma medication and/or an epinephrine auto-injector provided that:

FOR ASTHMA MEDICATIONS

- (1) The parents or guardians of the student provide to the school written authorization for the self-administration of medication, AND
- (2) The parents or guardians of the student provide to the school the prescription label, which must contain the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered

FOR EPINEPHRINE AUTO-INJECTOR MEDICATION

- (1) The parents or guardians of the student provide to the school written authorization from the student's health care provider
- (2) The parents or guardians of the student provide to the school a written statement from the student's health care provider containing the following information:
 - (A) the name and purpose of the medication or epinephrine auto-injector;
 - (B) the prescribed dosage; and
 - (C) the time or times at which or the special circumstances under which the medication or epinephrine auto-injector is to be administered.

Right to carry and/or self administration of Diabetic Medications

Under Public Act 096-1485, the Care of Students with Diabetes Act, provided that a student is authorized by health care provider and parent, a student shall be permitted to possess on his or her person at all times the supplies and equipment necessary to monitor and treat diabetes.

PROCEDURE FOR ALL PRESCRIPTION AND OVER THE COUNTER MEDICATIONS:

1. The parent/guardian and Illinois health care provider will complete the School Medication Authorization Form before the administration of any non-prescription or prescription medication at school.
2. The School Medication Authorization Form must be completed annually (annually meaning with the beginning of each new school year) or whenever there is a change in medication and /or dosage.
3. All medications will be provided to the nurse in an original container or vial, as provided by the pharmacist, with the prescription/dosage affixed. Upon request, the pharmacist will supply you with two properly labeled containers, one for home use and one for use at school. Non-prescription (over-the-counter) medications must be provided in the original container labeled with the student's name.
4. No student may possess or consume any prescription or non-prescription medication during school hours or school-related activities until a completed and signed School Medication Authorization Form is on file.
5. The parent/guardian is responsible for bringing medication to the school and for taking unused medication from the school when no longer required.
 - a. Medication will only be received by and/or returned to the parent/guardian by the nurse or building administrator.
6. Upon drop off, medication is required to be counted by the nurse and/or building administrator in the presence of the parent/guardian. The parent/guardian will be asked to sign off on the amount being supplied to the school.
7. Medication will be administered by the school nurse or under the direction of the building administrator (unless self administration authorization is received as per Public Act 096-1460 or Public Act 096-1485).
8. NO herbal, vitamin, or mineral supplements shall be possessed or administered during school hours.