

## Hawthorn District # 73 Medication Policy

The Board of Education authorizes the dispensing of medication to a student by school health personnel under the following conditions:

1. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.
2. Written request from the parents and doctor is required in order to consider dispensing medication to a student.
3. **Written orders are to be provided to the school health office from the physician detailing:**
  - a. **The necessity for medication during school hours.**
  - b. **The name of the medication with prescribed dosage and time interval.**
  - c. **The nature of the illness noting benefits and side effects of the medication.**
  - d. **All medications sent to the Nurse's Office must be accompanied by written permission from parent and signed by a doctor. This applies to both prescription and non-prescription medication including Motrin, Tylenol, cold preparations and topical ointments.**

**\*No Medication of any kind is permitted in school without doctor's orders. \***

4. Parents will sign a waiver releasing the school district of any liability consideration involving dispensing of medication to a student.
5. The parent is required to bring any medication to school. In the event the parent is unable to bring the medication, arrangements must be made to have it delivered to school and a phone call must be made to the nurse's office alerting them that the medication is being delivered.
6. All medications, including refills, must be placed in a container appropriately labeled by the pharmacy or physician. Over-the-counter medications must be in the original package, labeled with the student's name.
7. The school administration retains the discretion to reject requests for dispensing of medicines. Homeopathic medications will not be dispensed.
8. If a student must carry medication ( i.e. inhaler or epipen) for emergency use, a physician's order is required to honor this request.

Source: IDPH and ISBE/Parent-Teacher Advisory Committee (2-21-1991)

Date: June 25, 1979

Revised: December 10, 2007

### **NOTE:**

Medication form is on the back of this form. When going to the doctor, please take this form and have your doctor complete **one** form for **each** medication prescribed.

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**Hawthorn District # 73**  
**Medication Administration**  
**Physician/Parent/Student Agreement**  
(Prescription and ALL over-the counter medications)

• *To be completed before treatment can begin at school* •

\_\_\_\_\_  
Student Birth date Grade/Homeroom

**TO BE COMPLETED BY PHYSICIAN IN COMPLIANCE WITH ILLINOIS STATE LAW:**

\_\_\_\_\_  
Medication Prescribed Dosage / Route Time Interval

Diagnosis for which medication is prescribed: \_\_\_\_\_

Precautions, possible side effects: \_\_\_\_\_

Start Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

- This medication must be administered during school hours for the student's health and educational success.
- This medication (inhaler or epipen) must be carried by the student for emergency use.

\_\_\_\_\_  
*Printed Name Physician's Signature*

\_\_\_\_\_  
*Address Phone Fax*

**TO BE COMPLETED BY A PARENT:**

I request that the above medication be administered to my child as prescribed. I agree to bring the medication in the original, labeled container and will keep a dosage count at home and provide refills as needed. On early release days, the student will receive medication if she/he is present at the regular time of administration unless I request otherwise. I release the school district from any liability involving side effects of the medication.

\_\_\_\_\_  
*Parent's Signature Daytime Phone Number Date*

**TO BE COMPLETED BY STUDENT:**

I agree to be responsible for coming to the nurse's office at the scheduled time to take my medication.

\_\_\_\_\_  
*Student's Signature Date*

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