

# Illinois Department of Health

## Guidelines for Medication Administration in Schools

The following are medication administration policies that we will be followed at Notre Dame Academy. These policies apply to the normal school days 7:50 a.m. to 3:15 p.m. We have received them from our Catholic School Office and they are to be followed in every Catholic School in the Belleville Diocese.

**As a general principle, medication WILL NOT be given at school.** An acutely ill student will be sent home. Students convalescing from an acute illness should remain at home until the need for medication no longer exists.

Intramuscularly or intravenous medications will not be given by Notre Dame Academy personnel.

Special circumstances exist for a health problem that can be expected to be of a long duration.

Only those medications that are necessary to maintain the student in school and must be taken during school hours may be brought to school.

Each dose of medication shall be documented in the student's individual health record. Documentation shall include date, time, dosage, and the signature of the person administering the medication or supervising the child in self-administration. In the event a dosage is not administered as ordered, the reasons, therefore, shall be entered in the record.

All permission for long-term medication shall be renewed at least annually. Changes in medication shall have written authorization from the licensed prescriber.

All medications, including nonprescription drugs, given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. This includes standing orders.

**A written order for prescription and nonprescription medication must be obtained from the student's Licensed prescriber. The order includes:**

Child's Name	Licensed Prescriber and Signature
Date of Birth	Licensed Prescriber Phone Number/Emergency
Phone Number	
Date of Prescription	
Name of Medication	
Dosage	
Route of Administration	
Date of Order	
Frequency & Time of Administration	Discontinuation Date
Other Medications Child is receiving	Intended Effect of the Medication

Medication must be brought to the school in the original package or an appropriately labeled container.

**Prescription medications shall display:**

Child's Name	Date and Refill
Prescription Number	Licensed Prescriber's Name
Medication Name/Dosage	Pharmacy Name, Address &
Administration Route and/or other Directions	Phone Number
Name or Initials of Pharmacist	

**Over the counter Medications** shall be brought to school in containers with the manufactures' original label with the ingredients listed and the student's name affixed to the container.

**Non-Prescription medicine will not be dispensed** in our school. Nonprescription medicine includes: aspirin, Tylenol, (or any other brand name) antacids, antihistamines, and other medications.

No topical application of alcohol, calamine lotion or any other medications will be used. If an injury occurs, **we will use soap and water** and inform the parent if the child needs further treatment or needs to be sent home. If a child needs medication, the parent will be called and he/she resumes the responsibility to bring the student's medication or take the student home.

In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s)/guardian requesting the medication be given during schools hours. The request must include the parent(s)/guardian's name and phone number in case of emergency. It is the **parent(s)/guardian responsibility** to assure that the licensed prescriber order, written request and medications are brought to the school.

Only the principal or designated person shall be allowed to supervise a student taking prescription medication. **At no time shall the principal or designated person administer medication to a student.**

On the following page is a copy of the form that is to **be filled out by the parent and by the licensed prescriber**. If you need additional copies please request them from the school office. It may be a good idea to have some on hand for emergencies. Only these forms will be accepted.

## REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL AND RELEASE FROM LIABILITY FORM

*This must be presented to the school office when a student returns to school with medication.*

I/We, the undersigned parents/guardians of the minor child \_\_\_\_\_, a student at Notre Dame Academy, hereby request said school to allow said child to attend school in spite of his/her special health problem and to be given medication prescribed by \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ under the supervision of school personnel.

The medicine is to be furnished by me and labeled by the physician or pharmacist with said child's name, doctor and drug store, name of drug, and the specific time it is to be given at school. I/We assure all responsibility for any mistake in furnishing an incorrect dosage.

For and in consideration of allowing said child to attend school in spite of his/her special problem, we hereby release and discharge Notre Dame Academy and/or any of its agents or employees for any and all liability for any injury or damage to the health of said child arising out of or resulting from the necessity of said child having to take medication during school hours. All medications will be in its original container.

I/We have read, understand and agree to the school's regulations concerning giving medication at school.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Work Telephone Number \_\_\_\_\_

**AUTHORIZATION FOR SELF-ADMINISTRATION OF ASTHMA  
MEDICINE**

I, \_\_\_\_\_ or we, \_\_\_\_\_

and \_\_\_\_\_, parents or guardians of

\_\_\_\_\_ (Hereinafter "Student"), a student at Notre Dame Academy hereby request and authorize Notre Dame Academy to permit Student to self-administer asthma medication prescribed by the Student's physician, physician assistant, or advanced practice registered nurse, which is described more fully in a written statement provided by the Student's physician, physician assistant, or advanced practice registered nurse, which has been given or will be given shortly to Notre Dame Academy. We (I) understand that this authorization will not be effective and that Notre Dame Academy cannot act upon it until Notre Dame Academy has received the above described written statement from the Student's physician, physician assistant, or advanced practice registered nurse.

We (I) understand and acknowledge that Notre Dame Academy the Parish of which it is a part, it's agents and employees, the diocese of Belleville, the Bishop of Belleville are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication by Student.

WE (I) hold harmless and indemnify Notre Dame Academy, the Parish if which it is a part, their agents and employees, the Diocese of Belleville, the Bishop of Belleville against any and all claims, except based on willful and wanton conduct, arising out of self-administration of medication by the Student.

We (I) understand that any abuse of this right by the Student or any endangerment of another student or students by means of the Student's possession of this medication may result in appropriate disciplinary action under our discipline policy.

Date: \_\_\_\_\_

\_\_\_\_\_

Parents or Guardians

You may request and authorize the school to permit a student in your care and custody to self-administer asthma medication prescribed by the student's physician. If this is allowed, you must understand that the School, the parish of which it is a part, the employees and agents of the school, the Diocese of Belleville, and the Bishop of Belleville are 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 student.

In order to allow this, the school, in accord with the state statute, requires all of the following before it can give effect to your request and authorization:

1. A written authorization from the parents or guardians of the student.
2. A statement, contained in our authorization form, that the parents or guardians acknowledge that School, the parish of which it is a part, the employees and agents of the School, the Diocese of Belleville and the Bishop of Belleville are 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 student; and agree to indemnify and hold harmless the school, the parish of which it is a part, the employees and agents of the School, the Diocese of Belleville and the Bishop of Belleville.
3. A written statement from the physician, physician assistant or advanced practice registered nurse must contain the following information:
  - the name of the student/patient; the name and purpose of the medication; the prescribed dosage; and the time or times at which or the special circumstances under which the medication is to be administered.

This information will be kept on file in the office of the Principal.

Parents and guardians also must understand that as a matter of our discipline policy any abuse of this statutory right by a student and/or any endangerment of other students as a result of a student possessing this medicine may result in appropriate disciplinary action by the School.