

Milne/Kelvin Grove School District 91  
MEDICATION AUTHORIZATION

Please Note: Only one medication per form

(All information in this section must be completed.)

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_  
ALLERGIES (medication only) \_\_\_\_\_ Current weight of Student \_\_\_\_\_  
Purpose of Medication \_\_\_\_\_

**OVER THE COUNTER MEDICATION**

(Includes Cough Drops, Tylenol, Motrin, Oragel, Lotions, Mucinex, etc.)

Physician's signature is not required for Over The Counter Medications.

(All information in this section must be completed.)

Name of Medication \_\_\_\_\_ Strength of Medication \_\_\_\_\_  
Time to be administered \_\_\_\_\_ Dose to be administered \_\_\_\_\_  
Special Instructions \_\_\_\_\_

**PRESCRIPTION MEDICATION**

(Includes all medication ordered by a Physician)\*\*

**Requires a Physician Signature**

(All information in this section must be completed.)

**\*\*For self-carry inhalers and EpiPens, please complete the orange medication form.**

Name of Medication \_\_\_\_\_ Strength of Medication \_\_\_\_\_  
Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_  
Possible side effects \_\_\_\_\_  
Special Instructions \_\_\_\_\_

Physician Name (Printed) \_\_\_\_\_  
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Authorization**

(All blanks must be completed)

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so, or in the event of a medical emergency, I hereby authorize District 91, and its employees and agents, on my behalf, to administer or to attempt to administer to my child, (or to allow my child to self-administer pursuant to State law, while under the supervision of the employees and agents of District 91), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child to be performed by an individual other than a school nurse and specifically consent to such practices.

I hereby grant my permission for non-medical support staff of Milne-Kelvin Grove School District to give (student name) \_\_\_\_\_ the above named medication as prescribed. I agree to provide medication in the original bottle which is properly labeled by the pharmacy/store. The medication will be kept in the school office. The student will report to the school office to receive the medication. I am aware that students are not allowed, under any circumstances to have medications in their possession on school property.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# **MILNE-KELVIN GROVE SCHOOL DISTRICT #91**

## **RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOL**

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.

The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medications for those children who require them.

### **GUIDELINES**

All prescription medications given in school must be prescribed by a doctor. A written order from the prescribing doctor must be provided and name of the medicine, dosage and time intervals that the medicine is to be taken should also be included.

Any over-the-counter medication needs the parent authorization completed and on file at school. (see other side for authorization)

Medication must be brought to school in the original package or appropriately labeled container. Over-the-counter medication shall be brought in with the manufacturer's original label and the child's name affixed to the container.

Written parent/guardian consent is to be placed on file requesting that the medication be given during school hours.

Any questions regarding these guidelines can be made by contacting Milne Grove School at 838-0542 or Kelvin Grove School at 838-0737.

### **Administering Medicines to Students**

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent(s)/guardian(s) believe that it is necessary for the student to take a medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent(s)/guardian(s). No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures. A student may possess an epinephrine auto-injector (EpiPen®) and/or medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent(s)/guardian(s) have completed and signed a "School Medication Authorization Form." The School District shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector or the storage of any medication by school personnel. A student's parent/guardian must indemnify and hold harmless the School District and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine auto-injector and/or medication, or the storage of any medication by school personnel.

Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parent(s)/guardian(s) of students.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30.

ADOPTED: February 12, 2007