

**Collinsville Unit School District #10
School Medication Authorization Form**

Name of Student _____ Date of Birth _____ Grade/Teacher _____

Name of Parent _____ Phone# _____

Name of Physician _____ Phone# _____

Name of Medication _____ Dosage of Medication _____

Directions for Use _____ Reason for Medication _____

Possible side effects of this medication _____

Date _____ X _____

Physician Signature Required

NOTE: If medication is an Epi-Pen, please sign below if it is medically necessary for the student to carry the Epi-Pen with him/her at all times during school hours. I certify that the student has been instructed in the use and self-administration of the above medication and can fulfill the requirements of the procedure. If this section is not signed by the physician, the Epi-Pen will be kept in the health room and administered as directed.

Date _____ X _____

Physician Signature

I, the parent or guardian of _____, hereby authorize Collinsville Unit School District #10, and its employees and agents, in my behalf and in my stead, to administer to my child (or to 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 directed above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication. I have read and understand the medication policy on the reverse side of this form.

Date _____ X _____

Parent/Guardian Signature

STUDENTS ARE NOT ALLOWED TO CARRY ANY TYPE OF MEDICATIONS WHILE IN SCHOOL OR RIDING A SCHOOL BUS TO AND FROM SCHOOL.

(Unless the physician agrees that it is medically necessary for the student to carry his/her inhaler or Epi-Pen)

COLLINSVILLE UNIT SCHOOL DISTRICT #10 MEDICATION POLICY

1. School personnel will not administer medication at school if arrangements can be made so that the student can receive the medication at home. Medications that can be given before and/or after school (such as antibiotics) should be given at home.
2. **Epi-Pens** may not be carried by the student in school unless the physician indicates in writing on the medication request form that it is medically necessary that the Epi-Pen be carried by the student at all times and that the student has been instructed in the use and self-administration of the Epi-Pen and can fulfill the requirements of the procedure. (The student will be issued a permanent pass for the school year at the senior high level).
Inhalers may be self-administered with a parent's written consent and presentation of the pharmacy label. The "School Medication Authorization Form" does need to be signed by the physician for inhalers that will be kept in the health room. It is recommended to keep an extra inhaler in the health room for emergency use even if the child will carry the inhaler on his/her person.
3. All medications administered to students during school hours must be transported to and from school by a parent or another adult acting on the parents' behalf.
4. **All requests to administer medication (prescription or non-prescription) to students must be in writing on the designated "School Medication Authorization Form" and signed by the parent or legal guardian and the physician or appointed designee. Medication will not be administered unless a request form is properly completed and the medication is labeled properly.**
5. All medications, prescribed by the physician, must be in the original pharmacy container. **Prescription medication must have the pharmacy label on the medication bottle, box, or administration device. Non-prescription medication must come in a new sealed container.** Any change in the dosage of the medication and/or the directions for use will requires a corrected pharmacy label indicating the changes and a signed note from the physician.
6. All medications given at school require a new School Medication Authorization Form at the start of each school year. The medication must be labeled with a current pharmacy label clarifying any changes in dosage or administration directions.
7. **The administration of any medication containing a narcotic is discouraged during school hours.** If a student requires medication of this type for pain, it is recommended that he/she remain at home until a milder form of medication is indicated. It is highly recommended that parents do not administer narcotics before school due to safety issues at school.
8. **Cough drops are permitted at the elementary and intermediate levels (Pre-K to 6th) with a medication permission form or dated note signed by parent. All cough drops need to be in a new, sealed package.** Student will be asked to stay in the health room or supervised by the teacher in the classroom while the cough drop is administered. However, cough drops are discouraged at this grade level due to risk of choking.
9. **School personnel will destroy any medication that is not removed from the school at the end of the school year.**

Resources: Public Act 096-1460

Recommended Guidelines for Medication Administration in Schools

Illinois Department of Human Services and Illinois State Board of Education, 9/2000