



Community Unit School District 201

Serving families of Westmont, Clarendon Hills and Downers Grove since 1972

SCHOOL MEDICATION AUTHORIZATION FORM

Administrative Offices Early Childhood Center

133 South Grant Street
Westmont, Illinois 60559
Phone: 630.468.8000
Fax: 630.969.9022

Manning Elementary School

200 North Linden Avenue
Westmont, Illinois 60559
Phone: 630.468.8050
Fax: 630.969.2492

Miller Elementary School

125 West Traube Avenue
Westmont, Illinois 60559
Phone: 630.468.8300
Fax: 630.969.5401

Westmont Junior High School

944 North Oakwood Drive
Westmont, Illinois 60559
Phone: 630.468.8200
Fax: 630.654.2203

Westmont High School

909 North Oakwood Drive
Westmont, Illinois 60559
Phone: 630.468.8100
Fax: 630.654.2758

STUDENT'S NAME _____ BIRTH DATE: _____

ADDRESS: _____ TELEPHONE: _____

SCHOOL: _____ GRADE: _____

EMERGENCY NUMBER: _____

I hereby grant permission for the above named school to issue the medication routine described below for the above named child.

(Parent/Guardian Signature)

(Date)

TO BE COMPLETED BY THE PHYSICIAN:

Name of Medication _____

Dosage _____ Time _____

Date of Order _____ Discontinuation Date _____

Type of Disease or Illness _____

Is this medication necessary in order to maintain the child at school?
(Diagnosis & intended effect) _____

Other medications child is receiving: _____

Side effects to be alerted to: _____

I wish to be contacted by the school in 4 weeks _____ 8 weeks _____

(Doctor's Signature)

(Date)

(Please print doctor's name, address and phone number)

Emergency Number _____

FURTHER INSTRUCTIONAL REMARKS _____

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/guardian believe that it is necessary for the student to take 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 complete and signed "School Medication Authorization Form" is submitted by the student's parent/guardian. 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/guardian has 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.

Procedures for dispensing medication:

1. All **prescription medications** brought to the school must be in a container labeled by the pharmacy or the physician. This will include the name of the student, the name of the physician, the name of the medication, the dosage, and time to be given.
2. Medication brought to the school in a container labeled by the pharmacy or the physician may be administered by the school personnel, under the supervision of the school nurse unless otherwise directed.
3. Over the counter medications including Tylenol, cough medications, aspirin, etc. may be given at school with a completed "School Medication Authorization Form." Over the counter medication must be delivered to school in a new, unopened original container, except certain self-carry medications, and clearly labeled with the student's name.
4. All medications must be delivered to the school office/nurse.
5. The "School Medication Authorization Form" must be renewed each year. An individual form must be completed for each medication.
6. The School District retains the discretion to reject requests for administration of medication.
7. Parents are always allowed to dispense necessary medications to their child during school hours.