

Dixon Public Schools #170
PARENT MEDICATION CONSENT FORM

Student Name _____ Grade _____

I consent for my child to take Tylenol at school	
Yes	No
I consent for my child to take Ibuprofen at school	
Yes	No

Concerns you would like us to be aware of (allergies, asthma, health restrictions, etc.)

I would like my child's Emergent (inhaler, epi-pen) medication to be:	
Stored in the Nurse's Office	Carried on Self
Name of medication: _____	

By Signing Below, I Agree:

1. I hereby authorize Dixon Public Schools and its employees on my behalf to allow my child to self-administer medication while under the direct supervision of an employee of Dixon Public Schools. I acknowledge that it may be necessary for the supervision of administration to my child be performed by an individual other than a school nurse, and specifically consent to such practice. If parents want to be notified prior to medication being given to their child, it is their responsibility to notify the school nurse.
2. To indemnify and hold harmless Dixon Public Schools and its employees against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication by the child.
3. Agree that the above information may be shared with appropriate personnel for health and educational purposes.
4. I consent to any x-ray, examination, anesthetic, medical and or surgical diagnosis, medical treatment or hospital care, to be rendered to the minor child under the general or special supervision and on the advise of any physician or surgeon licensed to practice in the State of Illinois when need for such treatment is immediate. This will be used only when reasonable effort to contact me or the emergency contact person(s) is unsuccessful.

Guardian/Parent Signature

Date

Dixon Public Schools #170
Physician's Medication Authorization
(To be used if student takes a prescribed medicine at school.)

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

Physicians' Direction: Dixon Public Schools (Policy #270.14) states "That self-administration of prescription medicines by pupils will be done only in the exceptional circumstances wherein the child's health, behavior/attention span may be in jeopardy without it. If medication must be self-administered, it must be under the following conditions:

1. A signed order by a physician with specific directions for administration must be submitted to the school nurse (District Health Services Coordinator).
2. If the medication is a prescription medication, a container with a pharmacist's label designating patient's name and name of physician must be submitted to the schools"

Physician's Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Prescription Medication: _____

Dosage: _____ Time: _____ Frequency: _____

Medication shall be administered under what circumstances: _____

Diagnosis required medication: _____

Must this prescription medication be administered during the school day in order for the child to attend school or to address the student's medical condition? _____ Yes _____ No

Side Effects: _____

Other medications student is receiving: _____

Physician's Signature

Date

MEDICATION ADMINISTRATION IN DIXON PUBLIC SCHOOLS

Guidelines for Prescription Medications:

Medications should be limited to those required during school hours and necessary to maintain the

1. child in school.
2. Medication must be brought to school by an adult in the original prescription container from the
3. pharmacy or physician's office properly labeled including current date. You should contact your pharmacy
4. for an extra bottle for school usage.
5. Each dose of medication shall be documented in the child's health record. Documentation shall
6. include: date, time, dosage, route and the signature of the person supervising the self-administration. In the event a dosage is not administered as ordered, the reason shall be entered into the record. Any side effects shall be assessed and documented as necessary in the child's health record.
7. All medication orders shall be renewed at the beginning of each school year by the child's physician. Changes in medication shall have written authorization from the licensed prescriber.

Guidelines for Over the Counter Medications (OTC):

1. OTC medication shall require parental permission for student to take any OTC medication at school. A physician's signature is optional.
2. OTC medications shall be brought in the manufacturer's original container with the administration guidelines listed and child's name affixed to the container. All OTC medication brought to school must have an unexpired date clearly printed on the container or box.
3. The parent/guardian will be responsible for being sure the parent and physician portion of the Medication Authorization Form are completed and signed and on file at the student's school.

Guidelines for Emergent Medications (inhalers, epi-pens):

1. According to a law passed in 2006, students will be allowed to carry their inhalers and epinephrine auto-injectors (epi-pens) on their person to be able to self-administer as needed in a medical crisis.
2. The parent/guardian will be responsible for being sure the parent and physician portion of the Medication Authorization Form are completed and signed and on file at the student's school.

MEDICATION ADMINISTRATION IN DIXON PUBLIC SCHOOLS

The purpose of administering medications in school is to help each child maintain an optimal state of health to enhance his or her education. Medication should be limited to those required during school hours and necessary to provide 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.

The objective of any medication administration program is to promote self-responsibility. This can be achieved by educating students and their families.

Guidelines for Prescription Medications:

1. All prescription medications given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status and the Medication Authorization Form shall be completed by both the parent/guardian and the physician.
2. A written order for medication must be obtained from the child's licensed prescriber and include the following:
 - * Child's Name
 - * Child's Date of Birth
 - * Licensed Prescriber Phone and Emergency Number(s)
 - * Name of Medication
 - * Dosage and Route of Medication
 - * Frequency and Time of Administration
 - * Date of Prescription
 - * Discontinuation Date
 - * Diagnosis Requiring Medication
 - * Intended Effect of Medication
 - * Possible Side Effects
 - * Other Medication Child is Currently Taking
3. Medication will be stored in a separate locked drawer or cabinet in the Nursing Office. Medication requiring refrigeration will be refrigerated in a secure area. Students are not allowed to carry any prescription or non-prescription medication on their self at any time (except emergent medication; inhaler, epi-pen).
4. It is the parent/guardian's responsibility to ensure that the Physicians Medication Authorization Form and the Parent Medication Form are completed and signed by both the physician and parent, and returned to the student's school.
5. The parent/guardian will be responsible at the end of the treatment regime for removing from the school any unused medication which was prescribed for their child. If the parent/guardian does not pick up the medication at the end of the school year, the Health Assistant at the student's school will discard the medication in the presence of a witness. The disposal will be documented in the child's health record.
6. All medication taken at school will be self-administered with supervision.