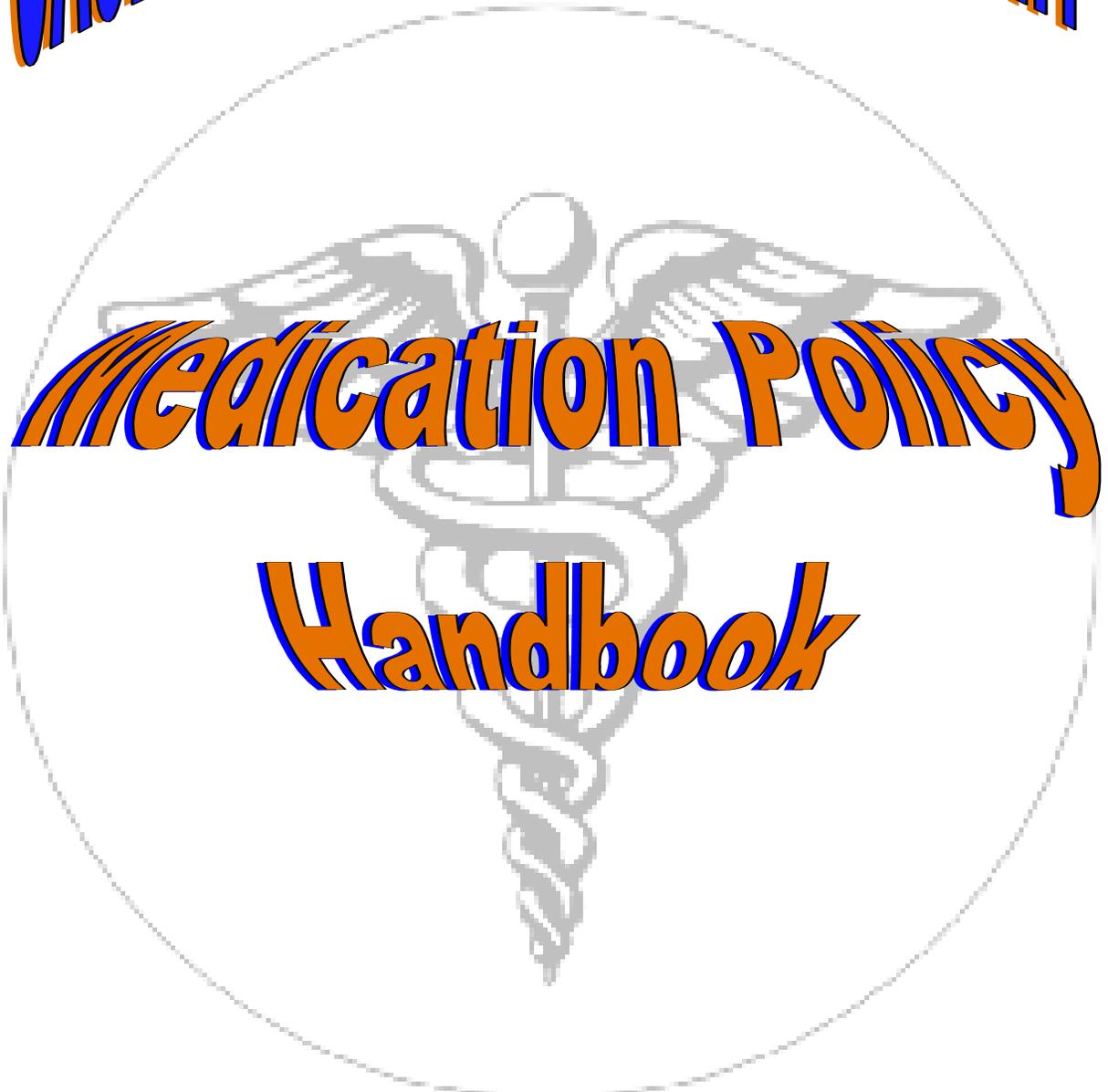


JASPER COUNTY COMMUNITY UNIT 1



Medication Policy Handbook

2015-2016

ADMINISTERING MEDICINES TO STUDENTS Board Policy 7.270

Students should not take medication during school hours or during school-related activities unless it is necessary for the 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 completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian with the exception of an Epi-Pen as administered when a student is believed to be having an anaphylactic reaction regardless of whether said student has a medical plan on file indicating an allergy diagnosis, in accordance with Public Act 97-0361. 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 the "School Medication Authorization Form." Both pages of this form are available in the District's Medication Handbook. 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 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:

- As a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector
- The storage of above by school personnel
- Emergency injection of epinephrine (Epi-Pen) by school personnel when a student is believed to be experiencing an anaphylactic reaction, regardless of prior identification of any allergies for that student
- The storage of the above as provided for in Public Act 97-0361 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.

ADMINISTRATIVE PROCEDURES

Non-Emergency Administration of Student Medication

I. Definitions

- A. Medication - as used in this document will refer to both prescription and non-prescription drugs.
- B. Medical Professional - as used in this document may include physician assistant, advanced practice R.N. and Nurse Practitioner in addition to the following:
 - 1. Physician - a physician licensed to practice medicine in all of its branches including Medical Doctors and Doctors of Osteopathy.
 - 2. Dentist - a person licensed to practice dentistry in any of its branches.
 - 3. Podiatrist - a person licensed to practice podiatry.
- C. Prescription drugs - drugs requiring a written order for dispensing, signed by a licensed prescriber.
- D. Non-prescription drugs - medications which may be obtained over the counter without a prescription from a licensed prescriber.
- E. Long-term medication - medication utilized for treatment of chronic illnesses and includes both daily and PRN (as needed) medication.
- F. Standing orders - written protocol for using a medication, applying to the general use of that medication, as opposed to an order for a medication written for a specific individual.

II. Responsibilities of Parents/Guardians

- A. If the medication must be administered during the school day, parents/guardians must ask the health care provider to complete a School Medication Authorization Form as appropriate. The Form will provide information and dispensing instructions to the school, including side effects, if any. Parents must also complete the sections marked, ***For only parents/guardians of students who need to carry asthma medication or an EpiPen*** and ***For all parents/guardians*** as appropriate, which require parent initials or signatures. **The school will not store or dispense any medication with the exception of emergency epinephrine provided by the district unless these forms are completed and given to the school. Emergency supplies of epinephrine provided by the school do not replace prescribed Epi-Pens for students with known allergies.** If a student is on a medication indefinitely, the parent/guardian must file a new School Medication Authorization Form yearly
- B. Bring the medication to the school office. However, if the medicine is prescribed for asthma, a student may keep possession of it for immediate use at the student's discretion.

Prescription medication must be brought to the school in the original package or appropriately labeled container. The container shall display:

- 1. Student's name
- 2. Prescription number
- 3. Medication name/dosage
- 4. Administration route and/or other direction
- 5. Date and refill
- 6. Licensed prescriber's name

7. Pharmacy name, address and phone number
 8. Name or initials of pharmacist
- C. Bring non-prescription medications to school in the manufacturer's original container with the label indicating the ingredients and the student's name affixed.
 - D. Provide an up-to-date plan of care from the student's primary care provider or specialist for any known diabetic student, including, but not limited to:
 - The dietary plan for the student
 - Frequency of blood glucose monitoring
 - Carbohydrate counting
 - Insulin calculation
 - Emergency procedures for hypoglycemia and hyperglycemia
 - Parameters for when physician/emergency personnel must be notified

The physician/primary care provider must write a specific order indicating that the student may self-monitor glucose and/or administer own insulin, and this is to be accompanied by specific parental consent for self-treatment of the same.

III. Responsibilities of School Office Personnel or School Nurse

- A. Provide a copy of the Medication Policy Handbook, including a School Medication Authorization Form, to inquiring parents/guardians.
- B. Accept medication brought to the office, provided the parent/guardian also submits a completed School Medication Authorization Form, and the medication is in the appropriate container. Put the medication in the appropriate locked drawer or cabinet. Tell the school nurse about the medication as soon as possible.
- C. Ensure that parent/guardian who brings medication for his or her child/ ward has complied with this administrative procedure.
- D. In conjunction with the licensed prescriber and parents/guardians, identify circumstances, if any, in which the student may self-administer the medication and/or carry the medication.
- E. Store the medication in a locked drawer or cabinet. However, if the medicine is prescribed for asthma, a student may keep possession of it for immediate use. Medications requiring refrigeration should be refrigerated in a secure area.
- F. Plan with the student the time(s) the student should come to the office to receive medications.
- G. Document each dose of the medication in the student's individual health record. Documentation includes date, time, dosage, and the signature of the person administering the medication or supervising the student in self-administration.
- H. Assess effectiveness and side effects as required by the licensed prescriber. Provide written feedback to the licensed prescriber and the parents/guardians as requested by the licensed prescriber.
- I. Document whenever the medication is not administered as ordered, as well as the reasons.

J. If the parents/guardians do not pick up the medication by the end of the school year, discard the medication in the presence of a witness.

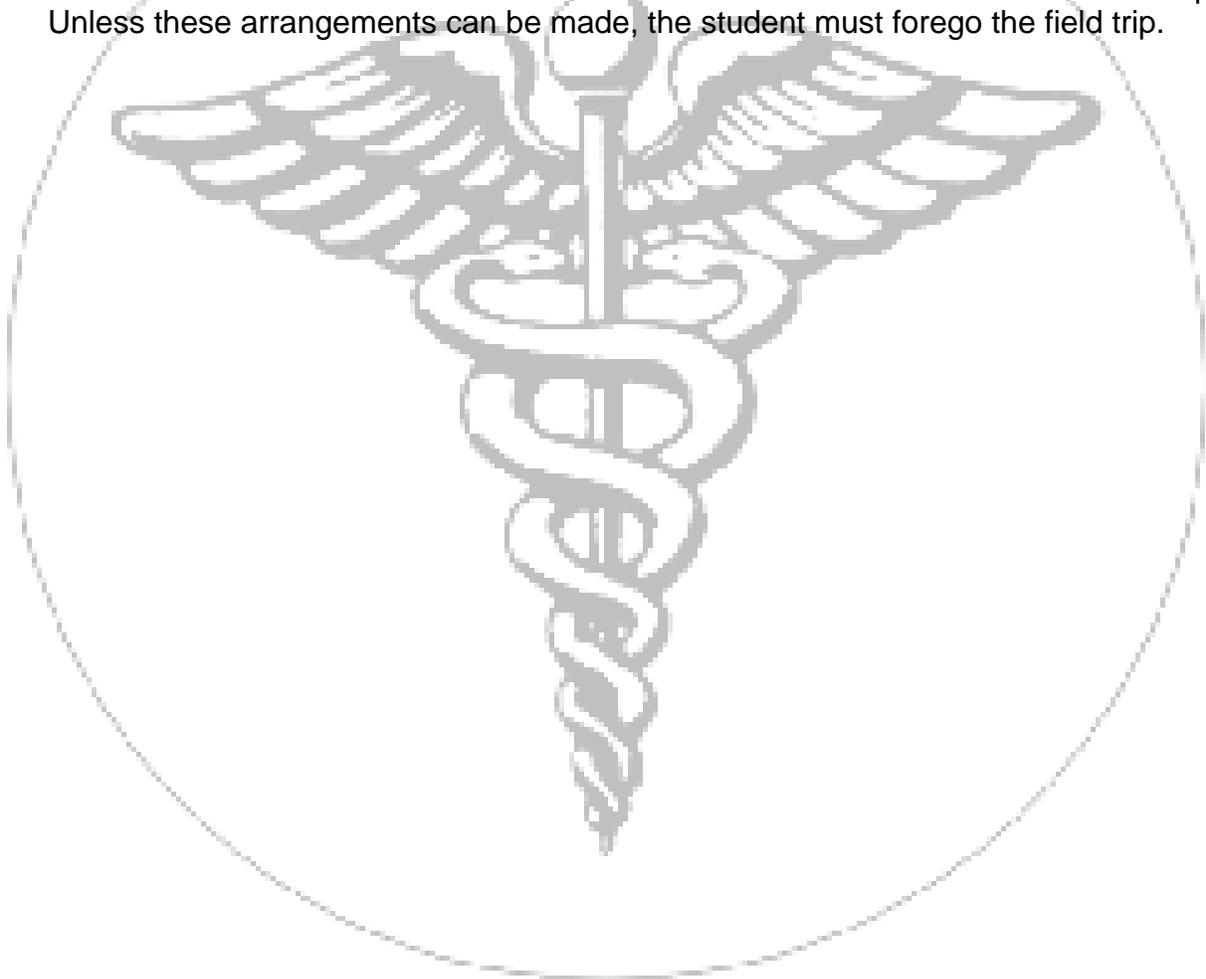
IV. Responsibilities of School Principal

Supervises the use of these procedures.

Performs any duties described for school office personnel, as needed.

Performs any duties delegated by school nurse, after receiving appropriate education by the school nurse. Teachers and other district employees (with the exception of a designated "health tech" or "health aide") are not required or permitted to administer medication to students, with the exception of an Epi-Pen when a student is believed to be experiencing an allergic reaction which may result in anaphylaxis.

Makes arrangements, in conjunction with the parents/guardians, supervising teachers, and/or bus drivers for the student to receive needed medication while on a field trip. Unless these arrangements can be made, the student must forego the field trip.



**Jasper County Community Unit Schools
School Medication Authorization Form**

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year.

Student's Name: _____

Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

School: _____ Grade: _____

Teacher: _____

To be completed by the student's physician, physician assistant, nurse practitioner, or advanced practice R.N.

Designated Health Care Provider

Date

Physician's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication #1

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered and under what circumstances:

Prescription date: _____ Order date: _____

Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ____ Yes ____ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Medication #2

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered and under what circumstances:

Prescription date: _____ Order date: _____

Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ____ Yes ____ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Medication #3

Medication Name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Time medication is to be administered and under what circumstances:

Prescription date: _____ Order date: _____

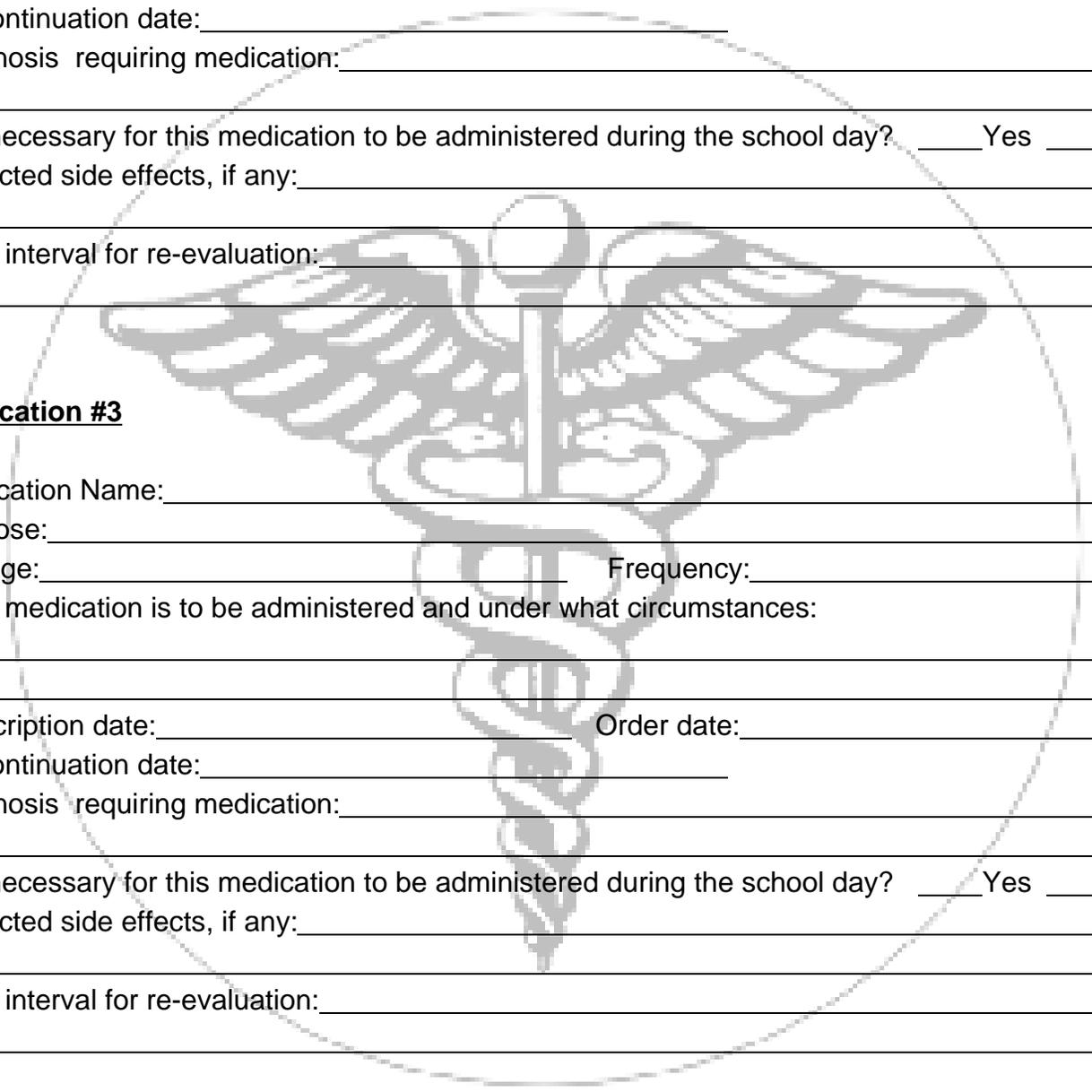
Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? ____ Yes ____ No

Expected side effects, if any: _____

Time interval for re-evaluation: _____



For only parents/guardians of students who need to carry asthma medication or an EpiPen:

I authorize the Jasper Unit #1 School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or epinephrine auto-injector:

_____while in school

_____while at a school-sponsored activity

_____while under the supervision of school personnel

_____before or after normal school activities, such as in before-school or after-school care on school-operated property. Illinois law requires the School District to inform

parent(s)/guardian(s) that it, and its employees and agents, 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 (105 ILCS 5/22-20). If you agree please initial:

Parent(s) / Guardian(s)

For all parents/guardians:

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 the School District (Jasper Unit #1) and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of Jasper Unit #1), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices, and I agree to indemnify and hold harmless Jasper Unit #1 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent/Guardian printed name

Parent/Guardian printed name

Parent/Guardian signature*

Date

Parent/Guardian signature*

Date

**Both parents and/or guardians, if available, should sign.*