

WOOD RIVER-HARTFORD SCHOOL DISTRICT #15
MEDICATION AUTHORIZATION FORM
To be filed at the student's school building

NOTE TO PARENT/GUARDIAN:

The Wood River-Hartford school District #15 requires that all students who need medication during school hours must do the following:

- 1.) Have the prescribing physician complete the district medication authorization form.
- 2.) Present the form with signed parental consent completed by the parent/legal guardian.
- 3.) The parent/guardian must bring the medication in the original prescription bottle to avoid unsupervised transportation of medication. The prescription bottle must be properly labeled by a registered pharmacist as prescribed by the physician on the medication permission request form.

*SEE REVERSE FOR WOOD RIVER-HARTFORD DISTRICT #15 GUIDELINES FOR THE ADMINISTRATION OF MEDICATION AT SCHOOL.

Student's Name _____ Date of Birth _____
Address _____ Phone _____
School _____ Grade _____ Teacher _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____ Route _____ Dosage _____
Time to be given _____ Frequency _____ Date of prescription _____
Diagnosis requiring Medication _____
Intended effect of this Medication _____
Must this medication be administered during the school day in order to help with the student's well being while at school or to address the critical health of the student's medical condition? _____
Side Effects _____
Time interval for re-evaluation _____ Discontinuation date _____

_____ The Medication above is to be self-administered. The student has been instructed and can fulfill the requirements of the procedure.
_____ The above student may self-carry the prescribed medication and/or inhaler/Epipen.

Other Medications that the student is receiving _____

Physician's signature _____ Date _____
Physician's name (please print) _____
Physician's address _____
Office phone _____ Emergency phone _____ Office fax _____

I confirm 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 Wood River-Hartford School District 15 and it's employees and agents, in my behalf and stead, 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 the School District), 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. The School Nurse caring for my child has my permission to communicate with the prescribed physician regarding the medication or health issues relating to this medication. I further acknowledge and agree that, when the lawfully prescribed medication is administered or attempted to be administered, I waive any claims I might have against the School District, it's employees and agents, either jointly or separately, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent(s)/Guardian(s) Signature _____

Parent(s)/Guardian(s) Name (Please print) _____

Phone # _____ Date _____

**WOOD RIVER-HARTFORD SCHOOL DISTRICT #15
MEDICATION AT SCHOOL**

The purpose of administering medications in school is to help each child maintain an optimal state of health so that his/her ability to learn will be enhanced. Wood River-Hartford School District #15 adheres to Ill. School Code 22.21b for Administering Medications at school which states that “the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and wellbeing of the student.”

The home and school must work together to accomplish this goal.

The following guidelines have been established for the safety of all students when it becomes necessary for medication to be given at school:

- 1.) No non-prescription medication will be administered at school without a completed Medication Authorization Form from the student’s physician.
- 2.) **ONLY MEDICATION THAT IS ABSOLUTELY NECESSARY FOR THE CRITICAL HEALTH AND WELL BEING OF THE STUDENT WILL BE ADMINISTERED AT SCHOOL.**
- 3.) The school nurse must receive a written documentation from the student’s physician stating that the medication is absolutely necessary for the critical health and well being of the student.
- 4.) A written order for either prescription or non-prescription medication must be obtained by the parent from the student’s physician or dentist and brought to the school with the medication. The student’s physician must provide the school nurse the following information on the written order.
 - a. The necessity for the medication during the day,
 - b. The type of disease, illness, or diagnosis,
 - c. The intended effect of the medication,
 - d. The side effects,
 - e. The name of the drug, route, dosage, and the time interval in which the medication is to be taken,
 - f. And an emergency number where he/she can be reached.
- 5.) All prescription medications must be brought in a container appropriately labeled by the physician or pharmacist. The parent/guardian must bring the medicine to the school to avoid unsupervised transportation.
- 6.) Non-prescription medications must be brought to school in the manufacturer’s original container with the child’s name attached.
- 7.) **A NEW “MEDICATION AUTHORIZATION FORM” MUST BE SUBMITTED EACH SCHOOL YEAR. WE WILL NOT ACCEPT COPIES OF FORMS FROM PREVIOUS YEARS. ANY CHANGE IN MEDICATION OR DOSAGE WILL ALSO REQUIRE A NEW FORM.**
- 8.) Parent/guardian signature is required on the Medication Authorization Form for school administration of medication.
- 9.) All medication shall be left with the school nurse, or, in the absence of the school nurse, with office personnel for safekeeping and administration. Students are not allowed to carry medication on their person during school hours, with the exception of prescribed medications such as: asthma inhalers for self-administration at the student’s discretion, students with diabetes who use an insulin pump, and the self-administration of medication by a student in the case of an emergency situation, e.g.; the use of an epinephrine auto-injector for an allergic reaction or Glucagon injection for a diabetic emergency, provided the student’s parent(s)/guardian(s) and/or physician have completed and signed the appropriate “Asthma Medication Authorization Form” and/or the “Medication Authorization Form”.