

Plainfield Community Consolidated School District 202

We prepare learners for the future.



Administration Center

15732 Howard Street
Plainfield, IL 60544
<http://www.psd202.org>

(815) 577-4000 – telephone

Medication Authorization Form

1. Medications, which include both OVER-THE-COUNTER and PRESCRIPTION, to be taken during the school day will only be administered after the parent/guardian and physician completes a Plainfield School District "Medication Authorization Form" which is available from the building nurse or the district website. A new form must be filled out for each new school year or whenever the medication or its dosage is changed, and when asked to do so by the school nurse.
2. The first dosage of medication should not be given at school in case the student suffers an allergic or other adverse reaction.
3. Medication will be brought to school by a parent/guardian and must be in its original container or prescription bottle appropriately labeled with the student's name, name of medication, the dosage and all pertinent instructions. If it is absolutely impossible for the parent/guardian to bring in the medication, we ask that students, upon their immediate arrival to school, turn the medication into the office in a sealed envelope with the parent's signature across the seal with a count of the number of pills that are contained in the envelope. If the parent/guardian does not pick up the medication at the end of the school year, the medication will be disposed of in the presence of a witness and documented.
4. Medication will be stored in school in a safe place. Students must come to the nurse's office for their medication. The school will strive to assist students in grades K-5 to remember to come to the office to take his/her medication.
5. Except where a student is authorized to self-administer insulin, an epinephrine auto-injector or asthma medication; students are prohibited from keeping any kind of medication in their possession while at school. Students must have the Hold Harmless and Indemnity form signed by their parent and physician to keep their inhaler or epinephrine auto-injector with them in school.
6. A certified school nurse or registered professional nurse, if available, shall administer the medication. If a nurse is unavailable, a building administrator or other staff member who volunteers may either: 1) Supervise the self-administration of the medication; or 2) administer the medication himself/herself.
7. Medications will generally not be administered to students during field trips or other school-sponsored activities located away from the customary site of storage. In these situations, medication will only be administered to a student if absolutely necessary for the critical health and well-being of the student as documented in a student's individualized health care plan. Medication in these situations must be sent to school by a parent/guardian, in an original pharmaceutical container labeled with the student's name, name of medication, dosage and all pertinent instructions.

Plainfield CCSD 202 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration or self-administration of medication pursuant to these procedures.

Student Information			
Name		Birth Date	
School		Grade	

LICENSED PRESCRIBER'S ORDER FOR MEDICATION	PARENT'S REQUEST TO ADMINISTER MEDICATION																																
I have determined that the following medication must be taken during school hours.	I hereby request that Plainfield District 202 administer to my child during school hours, the drug ordered by Dr.																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Drug</td> <td colspan="3"></td> </tr> <tr> <td>Dosage</td> <td style="width: 15%;"></td> <td style="width: 15%;">Time given</td> <td></td> </tr> <tr> <td>Route</td> <td colspan="3"></td> </tr> <tr> <td>Side effects</td> <td colspan="3"></td> </tr> <tr> <td>Diagnosis</td> <td colspan="3"></td> </tr> <tr> <td>Start date</td> <td style="width: 15%;"></td> <td>End date</td> <td></td> </tr> </table>	Drug				Dosage		Time given		Route				Side effects				Diagnosis				Start date		End date		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Parent phone numbers</th> </tr> <tr> <td style="width: 30%;">Home Phone</td> <td></td> </tr> <tr> <td>Work Phone</td> <td></td> </tr> <tr> <td>Emergency Phone</td> <td></td> </tr> </table>	Parent phone numbers		Home Phone		Work Phone		Emergency Phone	
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(orders will expire on August 1st if no end date is specified)

Physician's Signature _____	Parent/Guardian Signature _____
Physician's Phone <u>REQUIRED</u> _____	Received by Nurse _____