

South Campus
909 E. Wilmette Road, Suite F.
Palatine, IL 60074
Phone: 847.359.8300 Fax: 847.359.8301

Authorization for the Administration of Medication at School

Student Name _____ Date of Birth _____

Address _____

PHYSICIAN'S ORDERS: I hereby request that the school nurse, or authorized personnel, administer the medication(s) identified below, as it is medically necessary to do so during school hours.

Medication _____	Dose _____	Time(s) _____
Medication _____	Dose _____	Time(s) _____
Medication _____	Dose _____	Time(s) _____
Medication _____	Dose _____	Time(s) _____
Medication _____	Dose _____	Time(s) _____

Duration of Use: (start date - end date-not to exceed 12 months) _____ to _____

Condition(s) Requiring Medication(s) _____

Possible Side Effects _____

Physician's Signature _____ Date _____

Phone # _____ Fax # _____

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PARENT PERMISSION: I hereby give permission to the school nurse, or authorized school personnel, to administer the medication(s) ordered by the physician to the above-named student.

This student is also taking the following medication(s) at home ~ please write dosages & time(s) taken for all prescription and OTC medications:

I have read and understand the "Medication Policies and Procedures" regarding the administration of medication at school.

Parent's/Guardian's Signature _____ Date _____

Home Phone # _____ Work or Mobile Phone # _____

Connections Organization Medication Policies and Procedures

(Revised 7/5/16)

Whenever possible, the parent or guardian should make arrangements for medication to be administered at home, before and/or after school hours. If a student's physical health and/or emotional wellbeing require the administration of medication during school hours, then the school policies and procedures are as follows:

1. Medication(s) are defined as all prescription and non-prescription (over the counter) pharmaceuticals and preparations. This includes but is not limited to; pain relievers, fever reducers, cough drops, eye drops, contact lens solutions, inhalers, allergy medications, skin ointments/lotions.
2. Medication will not be administered at school without a written physician's order and written parent/guardian permission on our school Authorization for the Administration of Medication form.
3. Prescription medication must be provided in the original pharmacy or physician labeled container clearly marked with the student's name and directions for use. Over the counter (OTC) medications must be in the original manufacturer's packaging and clearly marked with the student's name.
4. It is the parent/guardian's responsibility to provide the school with any and all medications/preparations that have been authorized to administer.
5. All student medications (prescription and over the counter) must be **delivered to school by the parent, guardian, or other responsible adult.** You may deliver medications:
 - To the school during open hours Monday thru Friday (Tues. – Thur. during summer session).
 - Once per month at Parent Night.
 - Via Federal Express or regular mail addressed to the principal.

(Please note: Place medication(s) in a brown paper bag and staple it shut. Label the bag with student name, date, and note only the numeric quantity of medication you are providing. Quantity of medication provided will be reconciled upon arrival in the nurse's office.)

6. All medications, which are taken during school hours, will be locked in the nurse's office. An exception may be considered for bronchial inhalers with physician orders and parent permission.
7. The parent/guardian must assume responsibility for informing the school of any change in the student's health, or medications. Written Physician Orders and Parent Permission must accompany changes in medication given at school.
8. **The school will act based on the health and medication information provided by the parent/guardian and health care provider(s). It is expected that the information provided is accurate, complete and up-to-date and that any changes will be communicated to the school in an expedited manner.**