

School Medication Authorization Form



Student Name:	Grade/Age:
Home Address:	DOB:
Parent/Emergency Name:	Cell:

THE STUDENT'S LICENSED MEDICAL PROVIDER MUST COMPLETE THIS SECTION:

NAME OF MEDICATION	DOSAGE	FREQUENCY	TIME TO BE GIVEN AT SCHOOL	DURATION	DATE OF PHYSICIAN'S ORDER	EXPECTED SIDE EFFECTS, IF ANY	PERMISSION TO SELF-CARRY	PERMISSION TO SELF-ADMINISTRATOR
							YES NO	YES NO
							YES NO	YES NO
							YES NO	YES NO
							YES NO	YES NO

SIGNATURE OF HEALTH CARE PROVIDER: _____ **DATE:** _____

PRINTED NAME OF HEALTH CARE PROVIDER: _____

ADDRESS: _____ **PH:** _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN:

Any student with an Asthma Action Plan, Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act to self-administer any medication required under those plans if the student's parent or guardian provides the school with written permission for the student's self-administration of medication and written authorization from the student's physician, physician assistant or advanced practice registered nurse for the student to self-administer the medication. A parent/guardian must also provide the prescription label for the medication, which must contain the name of the medication, the prescribed dosage and the time or times at which or the circumstances under which the medication is to be administered. It is strongly recommended that extra medication be kept in the school office in case of an emergency.

I give permission for my student, _____, to receive the above medications as directed by their health care provider and the medical provider at Acacia Academy. I hereby authorize Acacia Academy and its employees, administrators, on my behalf, to administer, or my student to self-administer, while under the observation of the employees or agents of Acacia Academy, lawfully prescribed medication listed above.

I further acknowledge and agree that, when the employee or agent administers the medication, I waive any claims against Acacia Academy and its employees or agents arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless Acacia Academy and its employees and agents, either jointly or severally, from

and against all claims, damages, causes or action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication.

I/We, the parents/guardians of the above student, acknowledge that Acacia Academy and its employees and agents and their successors, including a physician, physician assistant or advanced practice registered nurse providing standing protocol or prescription for school medications, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of medications regardless of whether authorization was given by a student's parents or guardians or by the student's physician, physician assistant or advanced practice nurse.

Acacia Academy, along with its employees and agents, incur no liability as a result of any injury arising from the student's self-administration of medication. Furthermore, I/we agree to indemnify and hold harmless Acacia Academy, along with its agents and employees, against any claims (except a claim based upon willful and wanton conduct), its employees and agents and their successors against any and all claims, except a claim based on willful and wanton conduct, arising out of the administration of medication regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician assistant, or advanced practice nurse.

DEFINITION OF SELF-CARRY AND SELF-ADMINISTRATION

"Self-carry" means that the student has the discretion to carry the prescribed medication while in school, while at a school-sponsored activity, while under supervision of school personnel or before or after normal school activities on school-operated property.

"Self-administration" means that the student has the discretion as to the use of the prescribed medication while in school, while at a school-sponsored activity, while under the supervision of school personnel or before or after normal school activities on school-operated property. Therefore, as the parent/guardian, I acknowledge and agree that my student, is responsible for having the medication available as needed and affirmatively state that the student has demonstrated competency in the proper way to safely use and store the medication and is able to recognize when additional medical assistance may be necessary. Furthermore, my student is aware of the dangers of and prohibition against sharing the medication with others and able to comply with this expectation.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

Guidelines for Medication Administration

Acacia Academy discourages the administration of medication during the school day unless the medication is necessary for the critical health of the student. In the case that medication must be administered, the following guidelines are in place.

1. Any student requiring medication to be administered during the school day must have their doctor fill out the school medication form. The medicine form must include the student's name, current date, name of medication being prescribed, dosage, route by which the medication is to be administered, approximate time to be administered and the physician's signature. Parent/guardian must also be in agreement, noted with a signature.
2. Medicine must be brought to school by parent/adult in the original prescription bottle obtained from the pharmacy. If the parent is unable to bring in the medication (some parents do not have transportation), a bus driver or transportation service may receive the medication from the parent after the parent has called the school and received the approval from administration to allow the driver to hold it. The parent will let the administrator know the name of the medication and how many tablets were in the prescription bottle when it was received by the driver. When the administrator receives the medication from the bus driver or transport service, they will confirm receiving the medication and the number of pills with the parent.
3. All medicine, along with the medication disbursement forms, will be kept in a double locked cabinet/locker with administration holding the keys.
4. A medication log will be kept which includes the student's name, prescribed medication, date, dosage, time of disbursement, and all documents signed/initialed by the person administering the medication.
5. Any changes in the dosage will require a new school medication disbursement form to be on file prior to the change occurring.
6. Clean technique will be used when in contact with or when administering the medication, which includes frequent use of antibacterial gels before and between each student, and gloves as needed.
7. Medication will be checked monthly or as needed for expiration and number of pills. Parents will be notified if medication is expired or more medication is needed.

8. Medication no longer required by the student will be sent home with the parent. Any outdated or unclaimed medication will be taken to the nearest police station for community disposal after all labels and identifying information have been removed. The removed medication bottle label will be torn off and/or shredded prior to being thrown out.
9. Epi-pens are held and used for students with known severe allergic reactions. Students with Epi-pens know where they are being stored and have been previously instructed on their use. Staff are also aware of where they are being stored and are familiar with their administration. All Epi-pens are labeled with the student's name.
10. All school administrators and classroom teachers are trained, specific to school protocols, at least once a year by a registered or school nurse.
11. A registered nurse or school nurse consults on all nursing minutes mandated in a student's IEP.
12. Medication is administered by a registered nurse, school nurse, or licensed and trained school administrator.
13. Administration may contact 911 and parents when a student has severe allergic reactions or behavior issues after medication was administered.
14. If a student requires a biohazards container, a container will be provided for proper disposal of medical supplies.
15. Students that need to check their blood sugar when at school should be self-sufficient in the process prior to the start of school.

The above guidelines have been reviewed by a registered nurse.