

IROQUOIS SCHOOL DISTRICT

Administration of Necessary Medical Treatment to Students Policy

(Adopted: 06/25/2002)

(Revised: 07/24/2003)

PURPOSE:

The Iroquois School District shall not be responsible for the diagnosis and treatment of student illness. The Iroquois School District recognizes that administration of medical treatment to a student while in school may be necessary under certain circumstances. Accordingly, the administration of treatment to a student during school hours, in accordance with the direction of a physician, will be permitted only under the following circumstances:

1. Failure to administer such treatment would jeopardize the health of the student; or
2. The student would not be able to attend school if the medical treatment was not administered during school hours.

ADMINISTRATION OF PRESCRIBED MEDICAL TREATMENT:

1. Physician's Request For Administration of A Treatment To A Student During School Hours Form - Before any prescribed medical treatment can be administered to any student by District personnel during school hours, a written order from the physician prescribing the treatment is required on an official Iroquois School District Physician's Request For Administration of A Treatment To A Student During School Hours form is required. This permission form shall be kept on file in the office of the School Nurse. This form must include the following:
 - a. Date
 - b. Student's name
 - c. Diagnosis
 - d. Specific treatment to be administered, time schedule, and length of time to be administered in school.
 - e. Reason for the treatment
 - f. Possible contraindications or complications

- g. Any limitation of specific school activities (lab, sports, shop, etc.)
 - h. Physician's signature and telephone number
2. Parent/Guardian Authorization for Administer of Treatment Form - Before any prescribed medical treatment can be administered to any student by District personnel during school hours, a written request/authorization from the parent/legal guardian on an official Iroquois School District Parent/Guardian Authorization for Administer of Treatment Form is required. This authorization form shall be kept on file in the office of the School Nurse.
3. Delivery of Equipment Needed for Treatment:
- a. A parent/guardian is responsible for supplying, maintaining, and delivering any necessary treatment equipment and/or supplies to the School Nurse. Arrangements for the delivery of such equipment and/or supplies must be made with the School Nurse in advance.
 - b. All medication must be in its original prescription bottle or original packaging.
 - c. Parent/guardian is responsible for labeling all equipment and/or supplies provided to the School Nurse for administration of necessary treatment. Every label must include the following information:
 - Student's Name
 - Name of item/piece of equipment
 - Physician's Name and Telephone Number
 - Date equipment was delivered to school
 - d. Equipment must not pose as a potential hazard to others in the school environment.

IROQUOIS SCHOOL DISTRICT

PHYSICIAN REQUEST FOR
ADMINISTRATION OF NECESSARY MEDICAL TREATMENT
TO A STUDENT DURING SCHOOL HOURS

Name of Student: _____ Date: _____

Diagnosis: _____

Treatment to be administered: _____

Reason for treatment: _____

Treatment is to be administered at _____
Time of Day

Duration of treatment is to be from _____ to _____

Contraindications or Complications: _____

Limitation of school activities? _____

Other medications and treatments the student is currently receiving:

Physician's Signature

Telephone Number

Print Name of Physician

With the intent to be legally bound, we hereby release, discharge, hold harmless, and indemnify the Iroquois School District, its Board, employees, and agents from any liability whatsoever for any personal injury, damages, or expenses to student or to parent/guardian caused or occasioned by the administration of this treatment.

Parent's Signature

Telephone Number

IROQUOIS SCHOOL DISTRICT

**PARENT/GUARDIAN AUTHORIZATION FOR
ADMINISTRATION OF NECESSARY MEDICAL TREATMENT TO A STUDENT
DURING SCHOOL HOURS**

Name of Student: _____

Date: _____

Treatment to be administered: _____

I hereby do request and authorize the Iroquois School District to administer the treatment herein referred to, and in order to induce the School District or School, its Agents or Employees, to administer such treatment do hereby remiss, release, and forever discharge the said School District, its Members of the Board of Directors, its Agents and Employees, and his/her/their, its successors and assigns, heirs, executors, and administrators, of an from, any and all claims, demands, rights, and causes of action of whatsoever kind and nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property, and the consequences thereof, which hereafter may be sustained by the said minor student and by the said Parents, and by any other person or persons having a legal interest therein in consequence of the administration of such treatment.

AND FURTHERMORE, we, the said Parents, Guardian or next Friend of the minor do hereby expressly stipulate and agree, to indemnify and forever hold harmless the Iroquois School District, and its Members of the Board of Directors, its Agents and Employees, and his/her/their, and its successors or assigns, heirs, executors, and administrators against loss from any and all further claims, demands and actions in law or in equity that may hereafter at any time be made or brought by the said minor or by anyone on behalf of said minor for the purpose of enforcing a further claim for damages on account of the injuries which may be sustained in consequences of the administration of the treatment herein referred to, and the Parents, Guardian, or next Friend hereby waive any and all rights of exemption, both as to real and personal property, to which they may be entitled under the laws of this or any State as against such claim for reimbursement or indemnity.

Parent/Guardian's Signature

Date

Telephone Number