

IROQUOIS SCHOOL DISTRICT

Use of Medication Policy

(Adopted: 07/18/95)

(Revised: 04/16/02)

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 medication to a student while in school may be necessary under certain circumstances. Accordingly, the administration of medication 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 take such medication would jeopardize the health of the student;
or
2. The student would not be able to attend school if the medication was not administered during school hours.

ADMINISTRATION OF PRESCRIBED MEDICATION:

Before any prescribed medication may be administered to any student by District personnel or self-administered by a student during school hours or school sponsored activities in the presence of the School Nurse or designee, a written request from a parent or legal guardian on an official Iroquois School District Physician's Request For Administration of A Medication 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:

1. Date
2. Student's name
3. Diagnosis
4. Medication, dosage, how administered, time schedule, and length of time to be administered in school.
5. Possible side effects or contraindications.
6. Any curtailment of specific school activity (lab, sports, shop, etc.)

7. Physician's signature and telephone number
8. Parent's signature and telephone number (daytime number)
9. Release of District and its employees of liability.

ADMINISTRATION OF OVER-THE-COUNTER MEDICATION:

The District Medical Consultant shall determine which over-the-counter medications may be administered under this policy and impose any restrictions thereon he/she deems appropriate. The Medical Consultant shall renew this list of Standing Orders for Medication annually. Any over-the-counter medication which does not appear on this list or which exceeds the dosage prescribed by the Medical Consultant must be accompanied by a written request from a physician for the student to take the medication during the school day. This request is in addition to the parent's written permission. The School Nurse is authorized to decline to administer a medication if the situation warrants.

EMERGENCY MEDICATIONS:

Under certain emergency medical situations, such as anaphylactic shock, the District Medical Consultant may order certain medications, such as epinephrine, to be administered. The School Nurse is authorized to administer epinephrine in an emergency medical situation if the parent or guardian has provided prior written approval. The parents and guardians of students with a history of anaphylaxis are encouraged to provide such prior approval.

1. ALL medications must be administered by the School Nurse in the building's Health Room.
2. If the School Nurse is not available to administer medication then the Principal, Health Room Technician, or designated Teacher, with proper training, may administer the medication. This will include a signature by the parent/guardian releasing the District and its employees.
3. If a District designee is not available, it will be the responsibility of the student's parent/guardian to administer the medication. This may be accomplished by the parent/guardian acting as a chaperone or meeting the field trip at a designated location in order to administer the medication.
4. It shall be deemed that whenever a District employee administers medication to a student in accordance with this policy, he/she shall be acting within the scope of his/her duties.

ADMINISTRATION PROCEDURES:

1. Before any prescribed medication or any over-the-counter medication not on the list of Standing Orders or which exceeds the recommended dosage is administered to a student, the following procedures must be followed:
 - a. Verification of the physician's order for the medication by
 - 1) a written order from the physician.
 - 2) a pharmacy label stating the name of the patient, the medication, dosage, times of administration, and the prescribing physician.
 - b. Verification of parent or guardian permission on the medication permission form.
 - c. The medication will be placed in an envelope and will indicate the following:
 - 1) Name of Student
 - 2) Name of medication
 - 3) Dose
 - 4) Name of physician
 - 5) Time that the medication is to be administered.
 - 6) Signature of the parent or guardian giving permission to medicate.
 - d. Proper identification of medication. All medications must be provided in their original container.
 - e. Proper identification of the student for whom the medication was ordered. "Proper identification" means that the person administering the medication must ask, "What is your name?" The student must respond with his/her first and last name. Further identification may also be made by asking the student his/her teacher's name and grade or homeroom section.
 - f. Proper verification on the daily medication log that the medication was given.
2. All new medication or change of a dosage or time of administration of a medication must be cleared with the School Nurse before it is given.
3. Any drugs, which are controlled by the Federal Narcotics Act, must be brought to the school by the parent/guardian and not sent to school with the student; otherwise, there will be no administration of the medication.

STORAGE OF MEDICATIONS:

Medications must be stored in the original container in a cabinet that must be locked in the Health Room or in the locked refrigerator when indicated on the pharmaceutical label.

IROQUOIS SCHOOL DISTRICT
MEDICAL DEPARTMENT

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF
A MEDICATION TO A STUDENT DURING SCHOOL HOURS

Name of Student: _____ Date: _____

Diagnosis: _____

Medication to be administered: _____

Reason for medication: _____

Medication is to be administered at _____
Time of Day

Duration of medication administration 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 medication.

Parent's Signature

Telephone Number