



MEDICATION POLICY

According to the State of Illinois the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and wellbeing of the student. In the instance medication must be administered during the course of the school day it is the policy of Parkland Preparatory Academy that the following requirements must be met for the safety and wellbeing of all students:

MEDICAL AUTHORIZATION

No school personnel shall administer to any student, nor shall any student possess or consume any prescription or non-prescription medication unless the **Authorization and Permission for Administration of Medication** form has been filed with Parkland Preparatory Academy, reviewed by a Registered Nurse and placed within the student’s file. This form shall be completed by the student’s parent or guardian and licensed physician. The **Authorization and Permission for Administration of Medication** form must be renewed *annually* at the beginning of each school year and at the initiation of a new prescription or dosage. Forms are available upon request to the main office of Parkland Preparatory Academy at any time and are distributed to parents within 15 days of when their child starts at Parkland Preparatory Academy.

ADMINISTRATION OF MEDICATION REQUIREMENTS

1. A written order for prescription and non-prescription medications must be obtained from the student’s licensed prescriber. The order includes:

- Student’s Name
- Date of Birth
- Licensed Prescriber, Signature and Date
- Licensed Prescriber Phone and Emergency Number(s)
- Name of Medication:
 - Dosage
 - Route of administration
 - Frequency and time of administration
- Diagnosis Requiring Medication
- Intended Effect of the Medication /Possible Side Effects
- Other Medications Student is Receiving
- Time Interval for Re-Evaluation
- Approval for Self-Administration
- Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in an original container, labeled appropriately by the pharmacist or licensed prescriber.

a) **Prescription medication shall display:**

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- Student's Name
- Prescription Number
- Medication Name and Dosage
- Administration Route or Other Directions
- Date and Refill
- Licensed Prescriber's Name
- Pharmacy Name, Address and Phone Number
- Name or Initials of Pharmacist

b) Over the Counter Medication (OTC):

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container.

3. In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting that medication be given during school hours. The request must include the name of the student, the parent(s) or guardian's name and phone number in case of emergency. It is the parent(s) or guardian's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to the school.

4. Students should be evaluated on an individual basis regarding the need to carry emergency medication. A written statement signed by the student's physician and parent or guardian verifying the necessity and student's ability to self-carry and self-administer the medication appropriately should be on file in the health office.

5. Medications must be stored in a locked drawer or cabinet. When the medication being stored is a controlled substance, the locked cabinet must be securely affixed to the wall. Medications requiring refrigeration must be kept in a secured refrigerator separate from food products.

6. At the end of the school year or the end of the treatment regime, the student's parent(s) or guardian will be responsible for removing from the school any unused medication. If the parent(s) or guardian does not pick up the medication by the end of the school year, the certificated school nurse or registered nurse will dispose of the medication(s) and document the disposal. Medication must be discarded in the presence of a witness and documentation signed by both parties.

7. Nurses are responsible for their own actions regardless of the licensed prescriber's written order. It is the nurse's responsibility to clarify any medication order which is deemed inappropriate or ambiguous. Nurses have the right and responsibility to decline to administer a medication if they feel it jeopardizes student safety. In such instances, the nurse must notify the parent, or guardian, student's physician and administrator. A rationale will be provided along with an offer to accommodate with a different medication or regimen.

8. A student has the right to refuse medication. In such instances, it is the staff's responsibility to explain to the student as fully and clearly as possible the importance of taking the medication. If the student continues to refuse to comply, the parent or guardian, student's physician, and administrator must be notified. Depending on how medically relevant the medicinal regimen is to the student refusal may also result in additional consequences such as

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parent pick up or calling for medical emergency help (911). There will not be any in school disciplinary action for medication refusal.

9. Parkland Preparatory Academy parents will receive a copy of this policy upon enrollment and within 15 days of the start of each preceding school year thereafter or within 15 days of their student's enrollment at Parkland Preparatory Academy.

10. Currently Parkland Preparatory Academy does not have "standing orders" to administer certain drugs which are permissible to be kept in stock such as epinephrine by auto injector or an opioid antagonist.

11. According to PA 100-0513 a Registered Nurse, Licensed Practical Nurse or School Administrator will be the only school staff to deliver medication to students, however this ACT allows a Registered Nurse to delegate a non-nurse school staff member to administer medication to a student as long as parents are informed of this exception. Under no circumstances shall a teacher or other non-administrative school employees, except a certified school nurse and non-certified registered professional nurse, be required to administer medication to students. Administration by a delegate non-nurse school staff member is limited to medications that can be delivered by mouth, topically, transdermally or subcutaneously. Deliver by any other portal such as rectal, nasal, injection is not permitted in schools by state law.

12. Parkland Preparatory Academy will work in collaboration with the sending public school district to provide the verbal translation of this policy or an alternate presentation of this policy to parents, students and staff in order to ensure equal access to this policy's contents.

13. The above policy contents by no means restricts or prohibits any school staff member from providing emergency assistance to students.

14. Parkland Preparatory Academy may elect, on a case-by-case basis, to allow a parent or guardian or other adult family member to directly give the student a legal medication as if they were doing so at home.

15. In case of medication errors Parkland Preparatory Academy will report any errors in the following manner:

- a. Any medication error will be recorded on the student's medication administration record and an Error in Medication Delivery form shall be completed and given to Administration immediately.
- b. The Error in Medication Delivery form will be provided to the student's parent that day detailing the error and the outcome.
- c. The student's licensed prescriber should be notified, this will also be documented on the Error in Medication Delivery form as well as Poison Control if the licensed provider directs staff to call.
- d. If the error was an omission of dispensing medication notify the teacher immediately. The medication must be delivered within a reasonable time in which it was prescribed. If it is

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- beyond a reasonable amount of time phone the student's parent for further direction and fill out the Error in Medication Delivery Form.
- e. If the error was an additional deliver of medication or the incorrect medication was delivered phone parents and licensed prescriber immediately, notify Administration and fill out an Error in Medication Delivery form.
 - f. Any Error of Medication Deliver form must be completed by the end of the school day in order to be given to the parent and Administration. A meeting will be scheduled with administration and the Registered Nurse to debrief the situation in order to avoid any future errors in medication delivery.

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AUTHORIZATION AND PERMISSION FOR ADMINISTRATION OF MEDICATION

Student's Name (Last): _____ (First): _____ (Middle): _____

Birthdate: _____

School Year: _____

School medications and health care services are administered according to the Medication Administration Policy disseminated annual by Parkland Preparatory Academy in accordance with requirements set forth by the state of Illinois. Prescribers orders are good for a period of 365 day or for 1 year.

School medications and health care services are administered following these guidelines:

- *Physician/Prescriber signed dated authorization to administer the medication.*
- *Parent signed, dated authorization to administer the medication.*
- *The medication is in the original labeled container as dispensed or the manufacturer's labeled container.*
- *The medication label contains the student name, name of the medication, directions for use and date.*
- *Annual renewal of authorization and immediate notification, in writing, of changes.*

Physician Authorization:

Medication/Health Care Treatment Dosage: _____

Time to be administered: _____

Intended effect of this medication expected side effects, if any: _____

Other medications student is taking: _____

May student self-administer medication under supervision of Health Service personnel or designate (A student self-administration form must be completed if yes)?

(Please circle) YES / NO

Administration instructions: _____

Discontinue/Re-Evaluate/Follow-up Date (circle one): _____

Prescriber's Signature Date signed: _____

Prescriber's Emergency Phone# Prescriber's Address: _____

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PARENT AUTHORIZATION AND SIGNATURE

I authorize Parkland Preparatory Academy and its employees, on my behalf and stead, to administer or attempt to administer (or to allow my child to self-administer) this lawfully prescribed medication and any prescribed changes. I understand my prescribers order will be maintained for one year before it expires and a new order must be issued.

I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a School Nurse or Registered Nurse, i.e., school administrator, and have been informed of which staff member, other than RN or administrator, is permitted to administer my child's medication. I further acknowledge and agree that when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against Parkland Preparatory Academy, its employees, and agents arising out of the administration of said medication.

In addition, I agree to release, hold harmless, and indemnify Parkland Preparatory Academy and its employees from any and all claims, damages, and causes of action or injury incurred or resulting from the administration or attempts at administration of said medication. I allow the School Nurse or Registered Nurse to discuss this medication and its effects on my child with the Prescribing Physician, Advanced Practice Registered Nurse, Physician Assistant, or their representative.

Parent/Guardian Signature: _____

Personal Phone: _____

Work Phone: _____

Date: _____

Additional Information: _____

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PHYSICIAN REQUEST FOR SELF-ADMINISTRATION OF MEDICATION

Name of Student: _____

Birthdate: _____ Parent Phone Number: _____

ATTENTION REGISTERED NURSE OR ADMINISTRATOR:

The above named pupil has: _____
Name of health condition

I am requesting that the above named student take the following medication during school hours.

Name of Medication: _____

In the form of (Please circle): TABLET LIQUID CAPSUL

Dosage Time(s) to be administered: _____

Possible side effects to this medication are: _____

I certify that _____ has been instructed in the use and self-administration of: _____
Student's Name Name of Medication

He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently. I may be reached at the following phone number in the event of a reaction to the medication or an emergency: _____
Phone Number of Physician

Signature of Physician: _____

Printed Name of Physician: _____

Date: _____

Physician Address: _____

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