

Medication Policy for Genoa Kingston CUSD 424

District policy states that students should not take medication during school hours or during school related activities unless it is mandatory for the student's health and well-being. When the student's licensed health care provider and parents/guardians believe that it is necessary for a student to take medications during school hours, the following guidelines must be followed:

- The licensed healthcare provider must sign and date the Authorization for the Administration of Medication.
- Parent/guardian must also sign and date the Authorization for the Administration of Medication.
- Medication must come to school in the original, labeled container from the pharmacy. This label must contain the name of the student, name of the medication, directions for use and the date.
- Only medications approved by the FDA will be administered at school.
- An adult must transport controlled substances such as Ritalin, Adderall and Concerta to school.
- Annual renewal of authorization is mandatory, and all medication changes must be in writing.

Medications Cannot Be Administered Unless These Requirements Are Met

In compliance with changes in the Illinois School Code, students with asthma may carry inhalers during school hours and school related activities. Like any other medication, written authorization from both the physician and parent are an annual requirement. Additionally, a waiver must be signed releasing the District from any liability as a result of self-administration. It is also recommended an additional inhaler be kept at school as an emergency measure in the event your child loses or forgets his/her inhaler. Please contact the health room in the building your child attends for consent forms, if this option is appropriate for your student.

**Students should never carry or have in their possession prescription
or over the counter medications**

Genoa-Kingston CUSD # 424
AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION

Student Name (Last) (First) (M.I.) (D.O.B.)

School medications are administered following these guidelines:

- *Physician must sign and date authorization to administer medication.
- *Parent/guardian must sign and date authorization to administer medication.
- *Medication must be in the original, labeled container as dispensed from pharmacy.
- *The label must contain the name of the student, name of the medication, directions for use and date
- *Only medications approved by the FDA will be administered at school.
- *Controlled medications i.e. Ritalin, Adderall, Concerta must be transported to school by an adult.
- *Annual renewal of authorization is mandatory and all medication changes must be in writing.

Physician Authorization:

Medication	Dosage	Time of Administration
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Diagnosis or intended effect of medication	Side effects, if any
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Other medication(s) student is taking

Discontinue Date	Physician Signature
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Date Signed	Physician Emergency Phone #
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Parent/Guardian Authorization:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event I am unable to do so or in the event of a medical emergency, I hereby authorize Genoa-Kingston CUSD # 424, its employees and agents, on my behalf and stead, to administer, or attempt to administer to my child (or allow my child to self administer, while under the supervision of employees and agents of the School District), lawfully prescribed medication in the manner described above. 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, and specifically consent to such practices. 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 the School District, its employees and agents arising out of the administration of the said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts of said medication.

Parent/Guardian Signature	Home Phone
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Parent/Guardian Address	Work/Cell Phone
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Date