

## BEREAN CHRISTIAN SCHOOL

5100 North Illinois Street, Fairview Heights, IL 62208 Phone: (618) 825-0609 \*\* Fax: (618) 825-0744 Email: office@bereanchristianschool.net



## **MEDICATION AUTHORIZATION FORM**

Federal Law requires BOTH Physician and Parent Signatures before any medication, including over-the counter medications, can be given.

- This form is for any non-life threatening emergency medication to be administered during school. Medication for life-threatening allergies must use the Illinois Food Allergen Emergency Action Plan and Treatment form available from Health Services.)
- This form must be completed <u>BEFORE</u> any type of medication (prescription or non-prescription, including TYLENOL or MOTRIN, can be administered by school personnel. Please refer to the Guidelines for Medication Administration on page two of this form.
- If your child will need to be given medication at any time during the school year. Please save this form and bring it in with medication. All medication must be brought to school by an adult. Extra forms are available in the BCS Office.

|  | <u>Physician's Order</u>  |   |   |
|--|---|---|---|
| ( <u>All</u> medications no  | eed a physician's order. See Medication Administration  | Policy and Proced                       | dures on the reverse.)  |
|  |   |   |   |
| Student name   |   | Grade                                   | School Year   |
| Name of medication   |   |   |   |
| Dosage   | Rou   | ite                                     |   |
| Time to be given at school   | Starting date:/_  |   | Ending date:///   |
| Allergies (medication, food, etc.)   |   |   |   |
| Reason for medication and/or intended  | d effect  |   |   |
| Possible side effects  |   |   |   |
| Is this medication given at home? If so  | , when  |   |   |
| Other medication child is taking   |   |   |   |
| Physician signature needed below. Ph   | nysician may fax permission to Berean Christian School  | at (618) 825-0744.                      |   |
| I authorize Berean Christian School to a   | administer the above medication at school.  |   | Address or Office Stamp   |
| Physician's name (Print)   | Office Phone  |   |   |
| Physician's signature  | /   | _                                       |   |
|  |   |   |   |
|  | Parent Authorization  |   |   |
|  | Parent Authorization  medication during school hours in order to maintain his/  | her health and cor                      | mfort while in school.  |
| <ul> <li>It is necessary that my child receive in the second state of the second s</li></ul> |   | ED BY THE PHARM                         | ACY OR PHYSICIAN and show the student   |
| <ul> <li>It is necessary that my child receive in the second of the</li></ul>  | medication during school hours in order to maintain his/ MUST BE IN THE ORIGINAL CONTAINER, PROPERLY LABLI nust be kept in the school and dispensed by designated B   | ED BY THE PHARM.<br>BCS personnel at th | ACY OR PHYSICIAN and show the student ne appropriate time as indicated above. |
| <ul> <li>It is necessary that my child receive in the second of the</li></ul>  | medication during school hours in order to maintain his/ MUST BE IN THE ORIGINAL CONTAINER, PROPERLY LABLI nust be kept in the school and dispensed by designated B   | ED BY THE PHARM.<br>BCS personnel at th | ACY OR PHYSICIAN and show the student ne appropriate time as indicated above. |
| <ul> <li>It is necessary that my child receive in the second of the</li></ul>  | medication during school hours in order to maintain his/ MUST BE IN THE ORIGINAL CONTAINER, PROPERLY LABLI nust be kept in the school and dispensed by designated E ad BCS staff to administer the above medication to my off medication to my child. | ED BY THE PHARM.<br>BCS personnel at th | ACY OR PHYSICIAN and show the student ne appropriate time as indicated above. |

## BEREAN CHRISTIAN SCHOOL

## **GUIDELINES FOR MEDICATION ADMINISTRATION**

The goal of administering medication in school is to assist each child in achieving an optimal state of health to enhance his/her education. The administration of medication to children is the primary responsibility of parents/guardians. According to the Illinois School Code, 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 well-being of the student. Therefore, medication should be limited to only those *required* during school hours and necessary to provide the student access to the educational program at Berean Christian School.

- 1. Administration Medication will be administered by a volunteer nurse, R.N., and Berean Christian School personnel as directed by Berean Christian School administration. In giving medication, ultimate responsibility rests with parents/guardians. Medication will be recorded in each student's health record when given. In the event a dose is not given, the reason shall be entered in the record. The parent may be notified, if necessary. To assist in the safety and quality care of our children, Berean Christian School faculty and staff may be informed of the medication plan to help assist in monitoring intended effects and/or possible side effects of the medication.
- 2. Medication Authorization Form If it is absolutely necessary that a student take medication during school hours, a medication authorization form must be entirely completed for each medication that is to be given. Medication is defined as prescription or non-prescription. No personnel will administer any prescription or non-prescription medication unless the medication authorization form is entirely completed. This form will include:
  - Physician, dentist, optometrist, or podiatrist (licensed prescriber) written prescription with student's name, date of birth, medication name and dosage, date of order, and licensed prescriber's phone number.
  - Administration instructions (route, time, prescription start date and ending date).
  - Intended effects and side effects.
  - Parent/guardian's signature, written permission, and phone numbers in case of emergency. For your convenience, this authorization may be faxed to us by your physician.

Berean Christian School personnel will review written authorization, and will consult parent/guardian, licensed prescriber, or pharmacist for additional information as necessary.

3. **Medication** - Medication must be brought to school in original containers, *by an adult. Prescription medications* shall display: student's name, prescription number, medication name and dosage, administration route or directions, date, and refill date, licensed prescriber's name, pharmacy's name, address and phone number, name or initials of pharmacist. *Non-prescription medications* shall display: manufacturer's original label with the ingredients listed and child's name affixed to the container. It is the parent's responsibility to ensure that the licensed prescriber's order, written request and medication are brought to Berean Christian School.

Medication will be stored in a separate locked drawer, cabinet, or lock box. Medication requiring refrigeration will be refrigerated in a safe area.

Parents/guardians will be responsible at the end of the medication treatment for removing from school any unused medication that was prescribed for their child. If the parent/guardian does not pick up the medication by the last day of the school year, Berean Christian School personnel will dispose of and document that medications were discarded. All medications will be discarded in the presence of a witness.

- 4. **Field Trips** Berean Christian School personnel as designated by the Head of School, volunteer nurse, or R.N. will provide designated medication to the supervising teacher, in a properly labeled container with instructions to be given to the student.
- 5. **Stock Medication** Acetaminophen (Tylenol) and Ibuprofen (Advil) are kept in stock at Berean Christian School as a courtesy to students. However, these will **not** be administered to a student **unless a Medication Authorization Form is completed and signed by both a physician AND parent as described above.**

Any changes in medication orders require a new Medication Authorization Form. It is the parent/guardian's responsibility to bring refills to school when needed, and to inform the nurse/principal of any changes in student health. All medication orders must be renewed each school year.

These guidelines are established in keeping with the state agency recommendations (e.g. Illinois Department of Public Health, Illinois State Board of Education, Illinois School Code and Illinois Department of Professional Regulation).