



**Administration Center**

15732 Howard Street  
Plainfield, IL 60544  
<http://www.psd202.org>

(815) 577-4000 – telephone

## Medication Authorization Form

1. Medications, which include both PRESCRIPTION DRUGS and OVER-THE-COUNTER, to be taken during the school day will only be administered after the parent/guardian, and physician, Advanced Practice Nurse, or Physician Assistant completes the Plainfield School District "Medication Authorization Form". The form is available from the building nurse or the district website. This form must be filled out at the beginning of each school year or when a new medication is to be given.
2. The first dosage of medication should not be given at school in case the student suffers an allergic or other adverse reaction.
3. Prescription Medication must be brought to school by a parent/guardian and must be in the original pharmaceutical container labeled with the student's name, name of medication, the dosage and all pertinent instructions. Over-the-Counter medication must be brought to school by a parent/guardian in its original unopened / sealed container with the student's name affixed to the container. If it is absolutely impossible for parents to bring the medication to school, we ask that students, upon their immediate arrival to school, turn the medication into the health office in a sealed envelope. Unused medication should be picked up by parent/guardian at the end of each school year. If the parent/guardian does not pick up the medication by the last day of school, the building nurse will dispose of and document that medications were discarded. Medications will be discarded in the presence of a witness.
4. Medication will be stored in the school in a safe place. The student must come to the school's nurses office for his/her medicine. The school will strive to assist students to remember to come to the office to take his/her medication.
5. Students are prohibited from keeping any kind of medication in their possession while at school, except where a student is authorized to self-administer an epinephrine auto-injector (EpiPen®), diabetic care supplies or asthma medication. Students must have the Emergency Medication Hold Harmless and Indemnity Form signed by their parents/guardian and physicians to keep their inhalers, diabetic care supplies, or epinephrine auto-injectors with them in school. In case of emergency or loss of these items, we recommend that these students also keep an additional inhaler, diabetic care supplies, or epinephrine auto-injector in the health office.
6. Acknowledging that occasionally a medication must be administered during the school day, a certified school nurse or registered professional nurse, if available, shall administer the medication. If a nurse is unavailable, a building administrator or other staff member who volunteers may either:
  - a. Supervise the self-administration of the medication; or
  - b. Administer the medication himself/herself.
7. Medications will generally not be administered to students during field trips or other school-sponsored activities located away from the customary site of storage of the medication. In these situations, medication will only be administered to a student if absolutely necessary for the critical health and well-being of the student as documented in a student's individualized health care plan or Emergency Allergy Action Plan. Medication to be administered in these situations must be sent to school by a parent/guardian, in a pharmaceutical container labeled with the student's name, name of medication, dosage and all pertinent instructions. The administration protocol will be determined by District staff.

Plainfield CCSD 202 and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the administration or self-administration of medication pursuant to these procedures.

Student Information			
Name		Birth Date	
School		Grade	

Parent Phone Numbers			
Home Phone		Work Phone	
		Emergency Phone	

PARENT'S REQUEST FOR MEDICATION ADMINISTRATION	
I hereby request that Plainfield School District 202 administer to my child during school hours, the drug(s) ordered by Dr. _____	
	Physician's Phone <b>REQUIRED</b>

**I have determined that the following medication(s) must be taken during school hours.**  
*Enter each medication needed in a separate box below. Use an additional form if more than 4 medications are needed.*

LICENSED PRESCRIBER'S ORDER EXAMPLE					▼ Only enter one of these ▼
Drug	Acetaminophen (Tylenol)	Dosage (mg/mL)	325mg	Time given	Enter specific time(s)
Side effects	Upset stomach	Route	p.o.	Frequency	Enter interval of time
Diagnosis	Headaches, pain			Start date	1/1/2018
				End date	
Physician's Signature	<i>Dr. Example</i>				

LICENSED PRESCRIBER'S ORDER FOR MEDICATION # 1					▼ Only enter one of these ▼
Drug		Dosage (mg/mL)		Time given	
Side effects		Route		Frequency	
Diagnosis				Start date	
				End date	
Physician's Signature					

LICENSED PRESCRIBER'S ORDER FOR MEDICATION # 2					▼ Only enter one of these ▼
Drug		Dosage (mg/mL)		Time given	
Side effects		Route		Frequency	
Diagnosis				Start date	
				End date	
Physician's Signature					

LICENSED PRESCRIBER'S ORDER FOR MEDICATION # 3					▼ Only enter one of these ▼
Drug		Dosage (mg/mL)		Time given	
Side effects		Route		Frequency	
Diagnosis				Start date	
				End date	
Physician's Signature					

LICENSED PRESCRIBER'S ORDER FOR MEDICATION # 4					▼ Only enter one of these ▼
Drug		Dosage (mg/mL)		Time given	
Side effects		Route		Frequency	
Diagnosis				Start date	
				End date	
Physician's Signature					

The physician's signature is **REQUIRED** on each medication listed above.  
*(All orders will expire on August 1st if no end date is specified)*

\_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Received by Nurse

\_\_\_\_\_  
 Date