

**Collinsville District #10
School Medication Authorization Form**

Name of Student _____ Date of Birth _____ Grade _____

Name of Parent _____

Address _____ Phone # _____

Physician's Name _____ Phone # _____

Physician's Address _____

Name of Medication _____ Dosage of Medication _____

Directions for Use _____

Reason for Medication (Indicate type of illness) _____

Other Medication(s) student is receiving at home _____

Possible Side Effects of Medication(s) _____

The approximate length of time that the student will receive this medication is _____

Date _____ _____

Physician's Signature (required)

Note to Physician: If medication is an inhaler or an Epi-Pen, please sign below if it is medically necessary for the student to carry the inhaler or Epi-Pen with him/her at all times during school hours. I certify that the student has been instructed in the use and self-administration of the above medication and can fulfill the requirements of the procedure.

Date _____ _____

Physician's Signature

I, the parent or guardian of _____, hereby authorize Collinsville School District #10, and its employees and agents, in my behalf and in my stead, to administer to my child (or to allow my child to self-administer, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to indemnify and hold harmless the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries, including reasonable attorney's fees and costs expended in defense thereof, incurred or resulting from the administration of said medication. I have read and understand the medication policy on the reverse side of this form.

Date _____ _____

Parent or Guardian Signature

STUDENTS ARE NOT ALLOWED TO CARRY ANY TYPE OF MEDICATIONS WHILE IN SCHOOL OR RIDING A SCHOOL BUS TO AND FROM SCHOOL.

(Unless the physician agrees that it is medically necessary for the student to carry his/her asthma inhaler or Epi-Pen)

Collinsville District # 10 Policies

1. School personnel will not administer medication at school if arrangements can be made so that the student can receive the medication at home.
2. Inhalers or Epi-Pens may not be carried by the student in school unless the physician indicates in writing on the medication request form that it is medically necessary that the inhaler or Epi-Pen be carried by the student at all times. (The student will be issued a permanent pass for the school year at the senior high level).
3. All medications administered to students during school hours must be transported to and from school by a parent or another adult acting on the parent's behalf.
4. All requests to administer medication to students must be in writing on the designated "Medication Request Form" and signed by the parent or legal guardian and the physician. **Medication will not be administered unless a request form is properly completed and the medication is labeled properly.**
5. All medications, prescribed by the physician, must be in the original pharmacy container. The container (**prescription and non-prescription**) must be labeled with the student and physician's name, pharmacy, and the name, dosage, and directions of the medication. **Any change in the dosage of the medication and/or the directions for use will require a corrected pharmacy label indicating the changes and a signed note from the physician.**
6. If a student is taking a long-term medication (over 30 days), a new Medication Request Form is required at the start of each school year. The pharmacist must re-label the bottle according to the physician's new orders.
7. The parent will be notified if the student consistently forgets to take the medication at the specified time. The student will be called to the office as a reminder to take the medication if forgotten. It is the parent's responsibility to make sure the student knows when the medication is due.
8. **The administration of any medication containing a narcotic is discouraged during school hours. If a student requires medication of this type for pain, it is recommended that he/she remain at home until a milder form of medication is indicated. It is highly recommended that parents do not administer narcotics before school due to safety issues at school.**
9. Cough drops are permitted at the elementary and intermediate levels (PreK-6) with a medication permission form signed by physician and parent. Student must stay in the health room/office while the cough drop is administered. However, cough drops are discouraged at this level due to risk of choking.
10. School personnel will destroy any medication that is not removed from the school at the end of the year.