

IMMANUEL LUTHERAN SCHOOL
OKAWVILLE, ILLINOIS

MEDICATION POLICY

Medication is to be given during school hours only when medically necessary to maintain the child in school. If a child needs to take medication due to illness, a schedule should be worked out with the doctor, if at all possible, so that it may be given at home before and after school.

Parents are always welcomed to come to school to administer medications.

The administrative office/secretaries stand "in loco parentis" to dispense medication.

Any written feedback on students' medications will be available to the licensed prescriber upon request.

All medication, including non-prescription medications, given in school shall be prescribed by a licensed prescriber. A written order for prescriptions and non-prescription medications must be obtained from the students' licensed prescriber.

- a. The written order shall include: Students' name, date of birth, licensed prescriber phone and emergency number(s), name of medication with 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 student to carry emergency medication on their person *i.e. inhaler, Epi Pen).
- b. Prescription medications: Prescription medications given in school must be brought to school in the original container and shall display the child's name, name of medication, dosage, amount/route of administration and/or other directions, the date the prescription was filled, and any refill date, and the name of the licensed prescriber.
- c. Non-prescription medications: Non-prescription medications given in school must be brought to school in the original container with the ingredients listed and the child's name affixed to the container.

In addition to the licensed prescriber's order, a written request shall be obtained from the parent(s) or guardian requesting the medication is 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 school.

Immanuel Lutheran School
606 South Hanover Street
Okawville, Illinois 62271
Fax 618-243-6562

SCHOOL MEDICATION AUTHORIZATION FORM

To be completed by the child's parent(s) guardian(s) and kept in the school office or, the principal's office.

Student's Name _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician:

Physician's Printed Name: _____

Office Address: _____

Medication: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances:

Prescription Date: _____ Order Date: _____ Discontinuation Date: _____

Diagnosis requiring medication: _____

Intended effect of this medication: _____

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition? YES _____ NO _____

Expected side effects, if any: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's Signature

Date