

**BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT NO. 201**

**AUTHORIZATION AND PERMISSION FOR  
ADMINISTRATION OF PRESCRIPTION MEDICATION**

\_\_\_\_\_  
Student's Name (Last, First, Middle)

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Date

**School medications and health care services are administered following these guidelines:**

- *Physician/Prescriber signed and dated authorization to administer the medication.*
- *Parent signed, dated authorization to administer the medication.*
- *Students 18 or older may sign the authorization form instead of parent.*
- *The medication is in the original labeled container as dispensed or the manufacturer's labeled container.*
- *The medication label contains the student's name, name of the medication, directions for use, and date.*
- *Annual renewal of authorization and immediate notification, in writing, of changes.*

**PHYSICIAN AUTHORIZATION:**

\_\_\_\_\_  
Medication/Health Care Treatment

\_\_\_\_\_  
Dosage

\_\_\_\_\_  
Time to be administered

\_\_\_\_\_  
Intended effect of this medication

\_\_\_\_\_  
Expected side effects, if any

\_\_\_\_\_  
Other medications student is taking

May student self-administer medication under supervision of Health Service personnel or designee?  
(Please circle) YES / NO

**Administration Instructions:**

\_\_\_\_\_  
Discontinue / Re-evaluate / Follow-up Date (circle one)

\_\_\_\_\_  
Prescriber's Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Prescriber's Emergency Phone #

\_\_\_\_\_  
Prescriber's Address

## PARENTAL AUTHORIZATION:

I herewith acknowledge that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Belleville Township High School District No. 201 and its employees and agent, on my behalf and stead, to administer or to attempt 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 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 medications 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 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 at administration of said medication.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Student's Signature (if 18 or older)

\_\_\_\_\_  
Parent's Address

\_\_\_\_\_  
Home Phone #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Phone #

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## BELLEVILLE TOWNSHIP HIGH SCHOOL DISTRICT NO. 201 PROCEDURE FOR ADMINISTERING MEDICINES TO STUDENTS

### Prescription Meds

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a prescriptive medication is required to be taken by a student while at school, the health care provider and the parent must complete and sign the "Administration of Medication Authorization form" to be kept in the nurse's office and administered by the nurse. Students 18 or older may sign instead of parent. This prescription medication should be brought to the nurse's office by the parent in the original prescriptive container, or it can be brought directly to the nurse's office prior to the beginning of school by the student in the original container.

To aide in the safe administration of medication to the students, the school nurse(s) may determine, based on their professional judgment and recommendations by the drug manufacturer and the Physician's Desk Reference (a standard source for appropriate dosages and other information critical to safe administration of medication) whether a prescribed medication should be administered at school.

It shall be the policy of this District that the District will not knowingly administer any medication to a student if the District's nurse(s) believes, in their professional judgment, that such administration could cause harm to the student, other students, or the District itself. Such cases may include, but not necessarily limited to, situations in which the District is asked to administer medication in a dosage that exceeds the highest recommended dosage listed in the current annual volume of the Physician's Desk Reference or other recognized medical or pharmaceutical text.

In the event the nurse(s) determines that the administration of some medication could cause harm to the student, other students, or the District, the nurse shall contact the doctor who prescribed the medication to verify the dosage.

A student may possess an epinephrine auto-injector (Epi-Pen), asthma inhalant, and/or insulin for immediate use at the student's discretion, provided the student's parent/guardian and the health care provider have completed a "School Medication Administration Form."