

Danville District No. 118

Administration of Medication Procedure

If a student must receive prescription or non-prescription medication at school, a written request completed by both the license prescriber (Physician licensed in all branches, Physician Assistant or Advanced Practice Registered Nurse) and the parent or legal guardian must be on file at school.

The medication will be administered by the school nurse or building administrator.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber.

The label must include:

- Student Name
- Name of Medication
- Dosage
- Time to be Administered
- Prescriber's Name
- Date

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

No medication will be administered until both the licensed prescriber request and the parent/guardian request are on file with the school.

It will be the parent/legal guardian's responsibility to bring medication to the school nurse or building administrator, if the nurse is not available, throughout the entire school year.

Danville School District No. 118

Request for Administration of Medication

Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse

Student Name: _____ Birthdate: _____

Name of Medication: _____

Dosage: _____

Route of Administration: _____

Frequency & Time of Administration: _____

Diagnosis: _____

Other medications student is receiving: _____

Possible Side Effects: _____

Start Date: _____ Stop Date: _____

Licensed Prescriber (print) _____

Signature of Licensed Prescriber _____

Address _____

Telephone _____

Date _____

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Part 2: To be completed by the parent or legal guardian

I _____, request and give permission for my child to receive the above medication as directed by the licensed prescriber. The medication will be sent to school in a container appropriately labeled by the pharmacist. I will provide the school nurse with a written note from the licensed prescriber if the medication is discontinued. Also, I will obtain a new doctor's order if there is a change in medication and/or dosage.

Date: _____ Parent/Legal Guardian _____

Address _____

Telephone _____
