

IMMANUEL LUTHERAN SCHOOL MEDICATION ADMINISTRATION FORM

Office: 847-359-1936

FAX: 847-359-1583

Student's Name: _____ Date of Birth: _____ Grade: _____

Home Address: _____ City/Zip: _____ Teacher: _____

Parent/Guardian Name: _____ Phone(s): _____

If parent/guardian is unavailable in emergency, contact: _____ Phone: _____

Relationship to student: _____

I hereby request school personnel to supervise the administration of the medication prescribed for my child, named above. It is understood that the school and administration supervise thereof gratuitously and in reliance on my request (and the statement of the physician that the prescribed medication and dosages are safe). Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel and governing administrative bodies from any and all liability as to injuries or ill effects of any kind which may be caused thereby, including those caused by school personnel failure to remind students to take the prescribed medication and to monitor dosage.

Parent/Guardian's Signature: _____ **Date:** _____

EPI-PEN CONSENT FOR TREATMENT

**Parent/Guardian Permission for Administration of Epinephrine (Epi-Pen)
by an Unlicensed School Personnel in the Absence of the School Nurse**

My son/daughter has the following allergy(s) which may require treatment with epinephrine (Epi-Pen) according to my child's physician: _____

I give permission to allow the administration of epinephrine by auto-injection (Epi-Pen) to an unlicensed member of the school staff who has been trained in first aid, to my son/daughter in the event of an emergency.

Parent/Guardian's Signature: _____ **Date:** _____

PHYSICIAN'S ORDERS

Medication: _____

Instructions (Dosage/Time): _____

Self Administration of Inhaler: Yes No

Reason for Medication: _____

Date Medication Begins: _____ Final Date of Medication: _____

Physician's Name: _____ Physician's Phone: _____

Physician's Signature: _____

Medication Guidelines

The responsibility for administering medication rests primarily with the parents. Whenever possible, a schedule should be arranged so that all medication is given at home with parental supervision and not during school hours.

In exceptional cases when medication (including pain relief medication) must be given during the school day, the regulations from the Illinois Department of Public Health “Guidelines for Management of Medication in the School”, will be implemented as follows:

The Principal and the child’s teacher are to be informed of students receiving medication during school hours.

Written orders are to be provided to the school **from the physician** as follows:

Name of student
Name of medication
Instructions (dosage and time interval)
Reason for medication
Physician’s name and phone #
Physician’s signature

The parent or legal guardian is to provide the school with a ***written request** authorizing the administration of medication prescribed by the physician. The school will only administer medication (including pain medication), which a physician has authorized. The written request must include a waiver of liability signed by the parent.

*Please use the Medication Administration Form available in the school office to make this request.

Medication is to be brought to the school office in its original container or one properly labeled by the pharmacy or physician. It should be clearly labeled with:

Student’s name
Drug name and dosage
Time it should be taken

Medication will be administered in the school office under the supervision of the school secretary or an office aide.

The principal may, at his/her discretion, reject requests for administration of medication.

It is understood that the school provides this service for the well being of the students and as an accommodation to the parents.

Please note: Any type of medication brought to school without a physician’s note will be held for safe-keeping in the school office. The medication will not be administered to the student, the parent will be notified and the medication will be returned to the child at the end of the school day.

Reminder: Your physician may fax written medication orders. Immanuel’s fax # is 847-359-1583.