

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

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

Medication administration and monitoring of self administration will be provided by the school nurse. In lieu of the nurse's absence, the administrative office/secretaries stand "in loco parentis" to occasionally dispense medication.

The school and/or nurse will not be held legally responsible for the student's failure to take medicine and/or any reaction the child may have to the medication. In the event of a medication side effect, the school and/or nurse will notify the parents. The school and/or nurse will not be held legally responsible for any medication they don't dispense.

ALL MEDICATION, INCLUDING NON-PRESCRIPTION DRUGS, GIVEN IN SCHOOL SHALL BE PRESCRIBED BY A LICENSED PRESCRIBER. A WRITTEN ORDER MUST BE OBTAINED BY THE PARENT/GUARDIAN AND DELIVERED TO SCHOOL ANNUALLY. PARENTS AND PHYSICIANS NEED TO COMPLETE THE AUTHORIZATION FOR MEDICATION FORM.

Prescription medications must be brought to school in the original package and shall display the child's name, name of the medication, dosage, amount/route of administration and/or other directions.

Non-prescription medication must be brought to school in the original manufactures bottle/container listing all the ingredients with the child's name attached to the container.

All medication must be stored in the nurse's office in a locked cabinet with those requiring refrigeration in a secure area.

The parent/guardian is responsible at the end of the treatment or the end of the school year for removing the unused medication from school. If the medication is not removed prior to its expiration date or the close of the school year it will be disposed of.

-OVER-



# Belle Valley School District #119

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Louis Obernuefemann, Ph.D.  
Superintendent

Tamara L. Leib, Ed.D.  
Principal

Kathleen Goetter, Ed.D.  
Principal

## REQUEST FOR MEDICATION/TREATMENT TO BE GIVEN AT SCHOOL INCLUDING PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

Name of Student \_\_\_\_\_ Birth date \_\_\_\_\_

School \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Name/type of medication/treatment \_\_\_\_\_

Dosage and frequency of administration \_\_\_\_\_

Illness or condition requiring medication/treatment at school \_\_\_\_\_

Anticipated reaction to medication/treatment, side effects, additional instructions \_\_\_\_\_

Duration or order (week, month, indefinite) \_\_\_\_\_

Antibiotics require a six-month renewal order. All other medications/treatments will need a new order each year.

Doctor, do you wish a report from the school nurse? \_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

I hereby request and give my permission for the above-named school to administer the medication/treatment prescribed on this form to my child. I will notify the school in writing if the order is discontinued. Also, I will obtain a written doctor's order if the medication dosage or treatment is changed.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_