

### Permit to Give Medication in Clay County Schools

Clay City Unit #10

Flora Unit #35

North Clay Unit #25

In order to comply with the guidelines recommended by the Illinois Department of Public Health, the Illinois State Board of Education and the Illinois Association of School Nurses for administering medication in school, we need the following information from the licensed prescriber and a written request from the parent/guardian requesting the medication be given during school hours. The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration for those children who require them. In the absence of the school nurse, the administrator or his designee may supervise self-administration of medication as ordered by the licensed prescriber or have the parent/guardian come to the school to administer the medication(s).

A written order for prescription and non-prescription medications must be obtained from the child's licensed prescriber. (Orders should be renewed at least annually for long-term medications, and any changes should be reported in writing.) The order includes:

Student Name \_\_\_\_\_

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

Licensed Prescriber \_\_\_\_\_

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

Emergency # \_\_\_\_\_

Name of Medication \_\_\_\_\_

Route of Administration \_\_\_\_\_

Frequency of Administration \_\_\_\_\_

Dosage \_\_\_\_\_

Date of Prescription \_\_\_\_\_

Date of Order \_\_\_\_\_

Discontinuation \_\_\_\_\_

Diagnosis \_\_\_\_\_

Intended Effect of Medication \_\_\_\_\_

Other Medication Child is Receiving \_\_\_\_\_

Time Interval for Reevaluation \_\_\_\_\_

Possible Adverse Effects of This Medication \_\_\_\_\_

\_\_\_\_\_  
Licensed Prescriber Signature

TO PARENT OR GUARDIAN:

Please sign below to request the above medication be given at school. Medication must be brought to school in a container appropriately labeled by the pharmacy or licensed prescriber, and non-prescription medications ordered by the licensed prescriber should be brought with the original label and the child's name affixed to the container. Only those medications which are necessary to maintain the child in school or must be given during school hours shall be administered. If you have questions, please call the school nurse.

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

Phone \_\_\_\_\_

Emergency Phone # \_\_\_\_\_