

Administrative Procedure - Dispensing Medication

These procedures are designed for the implementation of policy 8310 and are to be followed unless they are in conflict with the prescriber’s instructions. In case of any conflict, the district employee will follow the instructions from the prescriber.

Actor	Action
<p>Parents/Guardians</p>	<p>1. Ask the child’s physician, dentist, or other health care provider who has authority to prescribe medications if a medication, either prescription or non-prescription, must be administered during the school day or school-related events. <i>Medication</i> includes, without limitation, an epinephrine auto-injector (<i>EpiPen®</i>) and asthma inhaler medication (105 ILCS 5/22-30(a)).</p> <p>For a student with diabetes: The parent(s)/guardian(s) are responsible to share the health care provider’s instructions with the school. When the student is at school, the student’s diabetes will be managed according to a diabetes care plan, if one exists, and not this Procedure. See Care of Students with Diabetes Act, 105 ILCS 5/10-22.21b. Last, the Public Self-Care of Diabetes Act allows a person with diabetes (or parent(s)/guardian(s) of a person with diabetes) to self-administer insulin (or administer insulin) in any location, public or private, where the person is authorized to be irrespective of whether the injection site is uncovered during or incidental to the administration of insulin (410 ILCS 135/).</p> <p>2. If so, ask the health care provider to complete a <i>School Medication Authorization Form</i>. This form must be completed and given to the school before the school will store or dispense any medication and before a child may possess asthma medication or an epinephrine auto-injector.</p> <p>If a student is on a medication indefinitely, the parent(s)/guardian(s) must file a new “School Medication Authorization Form” every year.</p> <p>3. Bring the medication to the health/nurse’s office. If the medicine is for asthma or is an epinephrine auto-injector, a student may keep possession of it for immediate use at the student’s discretion: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property (105 ILCS 5/22-30(e)).</p> <p>4. For asthma inhalers, provide the prescription label. Bring other prescription medications to the school in the original package or appropriately labeled container. The container shall display:</p> <ul style="list-style-type: none"> Student’s name Prescription number Medication name and dosage Administration route and/or other direction Dates to be taken Licensed prescriber’s name Pharmacy name, address, and phone number Name of Pharmacist <p>5. Bring non-prescription medications to school in the manufacturer’s original container with the label indicating the ingredients and the student’s name affixed.</p> <p>At the end of the treatment regime, or at the end of the school year, retrieve any unused medication from the school.</p>

Actor	Action
<p>Health/Nurse's Office Personnel</p>	<p>Provide a copy of these procedures, as well as a "School Medication Authorization Form," to inquiring parents/guardians.</p> <p>Whenever parent(s)/guardian(s) bring medication for a student to the health/nurse's office, contact the school nurse.</p> <p>If the school nurse is unavailable, accept the medication, provided the parent(s)/guardian(s) submits a completed "School Medication Authorization Form" and the medication is packaged in the appropriate container.</p> <p>Put the medication in the appropriate locked drawer or cabinet. Medications requiring refrigeration should be refrigerated in a secure area. Tell the school nurse about the medication as soon as possible.</p>
<p>School Nurse (certificated school nurse or non-certificated registered professional nurse)</p>	<p>Ensure that the parent(s)/guardian(s) who brings medication for his or her child has complied with the parent(s)/guardian(s) responsibilities as described in this administrative procedure.</p> <p>In conjunction with the licensed prescriber and parent(s)/guardian(s), identify circumstances, if any, in which the student may self-administer the medication and/or carry the medication. A student will be permitted to carry and self-administer medication for asthma or an epinephrine auto-injector.</p> <p>Store the medication in a locked drawer or cabinet. A student may keep possession of medication for asthma or an epinephrine auto-injector. Medications requiring refrigeration should be refrigerated in a secure area.</p> <p>Plan with the student the time(s) the student should come to the nurse's office to receive medications.</p> <p>Document each dose of the medication in the student's individual health record. Documentation shall include date, time, dosage, route, and the signature of the person administering the medication or supervising the student in self-administration.</p> <p>Assess effectiveness and side effects as required by the licensed prescriber. Provide written feedback to the licensed prescriber and the parent(s)/guardian(s) as requested by the licensed prescriber.</p> <p>Document whenever the medication is not administered as ordered along with the reasons.</p> <p>If the parent(s)/guardian(s) does not pick up the medication by the end of the school year, discard the medication in a medically appropriate way in the presence of a witness.</p>
<p>Building Principal or designee</p>	<p>Supervise the use of these procedures.</p> <p>Perform any duties described within these procedures for school office personnel, as needed.</p> <p>Perform any duties described within these procedures for school nurses, as needed, or delegate those duties to appropriate staff members, school nurses, non-certified and registered professional nurses and administrators. No staff member shall be required to administer medications to students with the exception of school nurses, non-certified and registered professional nurses, and administrators.</p> <p>Make arrangements, in conjunction with the parent(s)/guardian(s), supervising teachers, and/or bus drivers for the student to receive needed medication while on a field trip.</p>

Administrative Procedure - Checklist for District Supply of Undesignated Epinephrine Auto-Injectors and/or Opioid Antagonists

The Superintendent, school nurse, and/or other necessary school officials should consult the Board Attorney to develop a plan to implement Section 22-30 of the School Code.

Obtain a prescription to maintain a supply of either or both undesignated epinephrine auto-injector(s) (UEAs) and/or opioid antagonist(s) (OAs) in the District’s name pursuant to 105 ILCS 5/22-30(f), amended by P.A.s 98-795 and 99-480.

Designate a secure location(s) to store UEAs and/or OAs where persons needing these medications are most at risk (105 ILCS 5/22-30(f), amended by P.A.99-480). For UEAs, this includes but is not limited to, classrooms and lunchrooms (Id.).

Develop a method for maintaining an inventory of UEAs and OAs. The inventory should list the expiration dates of the UEAs and OAs.

Identify procedures for a log or other recordkeeping of provisions, or administrations of UEAs or OAs.

Maintain a list in each building administrator and/or his or her corresponding school nurse’s office that includes the names of trained personnel who have received a statement of certification pursuant to State law.

Develop procedures to implement the prescribed standing protocol for the provision, or administration of UEAs and/or OAs, including calling 911 and noting any instructions given by Emergency Management Services (EMS) (23 Ill.Admin. Code §1.540(d)). Upon any administration of *any* epinephrine auto-injector or opioid antagonist, procedures must include:

1. Immediate activation of the EMS system (105 ILCS 5/22-30(f-5), amended by P.A.99480).
2. Notification to the student’s parent, guardian, or emergency contact, if known (Id.).
3. The following reports and/or notifications by the school nurse when a(n):

UEA was administered	OA was administered
<p>a. Physician, physician assistant, or advance practice nurse who provided the standing protocol or prescription for the UEA within 24 hours (105 ILCS 5/22-30(f-10)).</p> <p>b. Ill. State Board of Education (ISBE) within three (3) days (105 ILCS 5/22-30(i)). Notification will be on an ISBE prescribed form, and will include:</p> <ol style="list-style-type: none"> i. Age and type of person receiving epinephrine (student, staff, visitor); ii. Any previously known diagnosis of severe allergy; iii. Trigger that precipitated allergic episode; iv. Location where symptoms developed; v. Number of doses administered; vi. Type of person administering epinephrine (school nurse, trained personnel, student); and vii. Any other information required by ISBE on the form. 	<p>a. The health care professional who provided the prescription for the opioid antagonist within 24 hours (105 ILCS 5/22-30(f-10), amended by P.A. 99-480).</p> <p>b. Ill. State Board of Education (ISBE) within three (3) days (105 ILCS 5/22-30(i-5), amended by P.A. 99-480). Notification will be on an ISBE-prescribed form, and will include:</p> <ol style="list-style-type: none"> i. Age and type of person receiving the opioid antagonist (student, staff or visitor); ii. Location where symptoms developed; iii. Type of person administering the opioid antagonist (school nurse or trained personnel); and iv. Any other information required by ISBE on the form.

Determine how the District will identify the student populations whose parents/guardians:

1. Have not completed and signed a *School Medication Authorization Form*, or
2. Have not provided an epinephrine auto-injector and/or opioid antagonist, as applicable to the student, for a student for use at school, even though they have completed the *School Medication Authorization Form*.

Determine when the school nurse will provide or administer the UEAs and/or OAs, as applicable, to students.

The school nurse or trained personnel may:

1. Provide a UEA or OA, as applicable to the situation, that meets the prescription on file in the *School Medication Authorization Form* to:
 - a. Any student for his or her self-administration only (105 ILCS 5/22-30(a) & (b-10), amended by P.A. 99-480), or
 - b. A student in need of his or her student-specific or UEA who has an Individual Health Care Action Plan, Food Allergy Emergency Action Plan and Treatment Authorization Form, or Section 504 plan. Such medication may be provided by any personnel authorized. (105 ILCS 5/22-30 (b-5). *Any personnel authorized* under these plans is limited to a school nurse, registered nurse, or a properly trained administrator in accordance with Section 10-22.21b of the School Code.
2. Administer a UEA to any student that the school nurse or *trained personnel* in good faith believes is having an anaphylactic reaction even though the parent(s)/guardian(s) has not completed and signed a *School Medication Authorization Form* or otherwise granted permission to administer the epinephrine auto-injector (105 ILCS 5/22-30(b-10), amended by P.A. 98-795).
3. Administer an OA to any student that the school nurse or *trained personnel* in good faith believes is having a reaction to an opioid overdose even though the parent(s)/guardian(s) has not completed and signed a *School Medication Authorization Form* or otherwise granted permission to administer the opioid antagonist (105 ILCS 5/22-30(b-10), amended by P.A. 99-480).

Approved: December 12, 2016

**Glenbrook High School District 225
Glenbrook North High School
Glenbrook South High School**

**School Medication Authorization Form
OTC (Over-the-Counter) MEDICATIONS**

Illinois State Law requires written permission by a parent(s)/guardian(s) and licensed healthcare provider for administration of any medication at school. Please complete the following information, circle your preference of which over-the-counter medication(s) you would like your child to have permission to take, while at school, and provide the appropriate signatures at the bottom of this form. This form will be kept on file in the Health Office/Nurse's Office and will be valid until graduation.

Student Name: _____ **ID#** _____

Tylenol or Advil Permission

Please **circle** which medication you would like your child to have permission to take during the school day. **The Health Office stocks a generic supply of the medications listed below (acetaminophen and ibuprofen).**

Tylenol 325mg 1-2 tablets
(Every 6 hours as needed)

Advil 200mg, 1-2 tablets
(Every 6 hours as needed)

Tylenol 500mg (Extra strength) 1 -2 tablets
(Every 6 hours as needed)

The school will only administer the medication circled and will not substitute.

Parent/Guardian & Physician Authorization

I authorize Glenbrook High School District 225 to administer said medications to my child, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Physician's Name (Printed) _____ **Date** _____

**Glenbrook High School District 225
Glenbrook North High School
Glenbrook South High School**

**School Medication Authorization Form
PRESCRIPTION MEDICATIONS**

Student Name	ID#
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Illinois State Law requires written permission by a parent(s)/guardian(s) and licensed healthcare provider for administration of any medication at school. Please complete the following information and have your child’s physician provide the appropriate instructions and signatures at the bottom of this form. **Prescription medication orders must be renewed annually.** Parents are responsible for providing the school with all medications in the original prescription-labeled, or manufacturer-labeled bottle.

Asthma/Allergies/Diabetes:

Students with asthma or severe allergies are strongly encouraged to carry their rescue inhalers or Epi-pens on their person. Back-up medications may also be stored in the Health Office/Nurse’s Office, and is highly encouraged, so that they are readily available in the event of an emergency. Additionally, a nebulizer is available for use with a valid doctor’s order. Diabetic students may keep a supply of insulin, syringes, and a glucometer in the Health Office/Nurse’s Office for their use, along with any other needed testing supplies. Most diabetic students keep their supplies in a plastic box labeled with their name and ID number. Diabetic students may store food or snacks in the refrigerator. Please supply the Health Office/Nurse’s Office with your child’s most current Care Plan.

PRESCRIPTION MEDICATIONS

Medication Name and Dosage: _____

Medication Name and Dosage: _____

Frequency/Instructions: _____

Frequency/Instructions: _____

Diagnosis/Indication: _____

Diagnosis/Indication: _____

Possible Side Effects: _____

Possible Side Effects: _____

Parent/Guardian & Physician Authorization

I authorize Glenbrook High School District 225 to administer said medications to my child, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Physician's Name (Printed) _____ **Date** _____

For parents/guardians of students who need to carry and use their asthma medication (rescue inhaler) or epinephrine auto-injector:

I authorize Glenbrook School District 225 and its employees and agents, to allow my child or ward to self-carry and self-administer his or her asthma medication and/or epinephrine auto-injector: (1) while in school, (2) while at a school sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois Law requires the school district to inform parent(s)/guardian(s) that it, and its employees and agents, including a physician, physician assistant, or advanced practice nurse providing a standing protocol or prescription for a school epinephrine auto-injector, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration or a student's self-carry and self-administration of asthma medication or epinephrine auto-injector, regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician assistant, or advanced practice nurse (105 ILCS 5/22-30).

Please initial to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.

Parent/Guardian initials _____

For all parents/guardians:

By signing below, I agree 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 School District 225 and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer pursuant to State Law, while under the supervision of the employees and agents of the school district), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors or opioid antagonists to my child when, in good faith, it is believed my child is having an anaphylactic reaction or reaction to an opioid overdose, whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 99-480). **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, and**

I agree to indemnify and hold harmless Glenbrook School District 225 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of said administration, or the child's self-administration of medication.

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____

Primary Phone Number: _____

Emergency Phone Number: _____