

Batavia Public Schools #101

ORDER FOR ADMINISTRATION OF MEDICATION

Please complete in detail. Physician and parents must sign this order. *One medication per form.

*Must be renewed each school year. *No medication except Inhaler/Epipen may be self-carried at school.

STUDENT'S NAME: _____ BIRTH DATE _____

ADDRESS: _____

SCHOOL _____ GRADE _____ TEACHER (K-5 only) _____

Medication (ONE PER FORM) _____ Dosage _____ Route _____

Time/Interval to be given: _____ Diagnosis requiring medication: _____

Intended effect(s) _____ Adverse effect(s) _____

Start Date _____ Discontinue Date _____ School Year 2017-18

Signature of Licensed Prescriber

Date of Signature/order

Print (or stamp) Name and Address of Prescriber:

***A copy of the Pharmacy label for self-carry inhalers only may be submitted in lieu of the Prescriber's signature. Please attach to this form.

Office Phone: _____ FAX _____

INHALER AND EPIPEN SELF ADMINISTRATION: I certify that _____ has been instructed and has demonstrated proper use and self-administration of _____ medication. S/he may carry this medication at school. Parents agree to follow district guidelines for self-administration of inhaler/epipen.

Physician's Signature _____ Date

Parent/Guardian Signature _____ Date

PARENT/GUARDIAN:

We acknowledge that the School District and its employees and agents incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by our student. We further agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct on the part of School District employees and agents, arising out of the self-administration of medication or use of an epinephrine auto-injector by our student. We understand that it is our obligation to replace medication that has expired and to renew this authorization each school year. We also understand and agree that we will pick-up any unused medication at the end of the school term, and that any unused medication remaining at the school fourteen (14) days after the last day of the school term will be discarded by the school.

I give permission to Batavia School District #101 to administer/supervise the medication described in accordance with the School District's Regulations Governing the Administration of Medications in the schools. I understand that the nurse may contact the prescriber for clarification of this order.

Parent/ Guardian Signature _____ Date

Medication Guidelines:

- 1. Medication needed by the student during the school day must be necessary to treat or sustain a student during the school day.**
- 2. All medication will be administered under the supervision of a licensed nurse or school administrator.**
- 3. All medication must be brought to the school by a parent, guardian or responsible adult.**
- 4. All prescription medication will be counted and verified with the parent upon delivery to the school.**
- 5. Medication must be in the original container and prescribed medication label must reflect the order received by the prescriber.**
- 6. Medication Authorization Forms are to be renewed at the beginning of each school year.**
- 7. ALL medication, except self-carry inhaler and epinephrine, will be kept in the school health office. Students are not to have *Over-the-Counter* or *Prescription* medication on their person at school.**

School FAX Numbers:

Alice Gustafson School 630-937-8001

Batavia High School 630-937-5412

Grace McWayne School 630-937-8101

H C Storm School 630-937-8201

Hoover Wood School 630-937-8301

J B Nelson School 630-937-8401

Louise White School 630-937-8501

Rotolo Middle School 630-937-8701