

# Danville District No. 118

## Administration of Medication Procedure

If a student must receive prescription or non-prescription medication at school, a written request completed by both the license prescriber (Physician licensed in all branches, Physician Assistant or Advanced Practice Registered Nurse) and the parent or legal guardian must be on file at school.

The medication will be administered by the school nurse or building administrator.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber.

The label must include:

- Student Name
- Name of Medication
- Dosage
- Time to be Administered
- Prescriber's Name
- Date

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

No medication will be administered until both the licensed prescriber request and the parent/guardian request are on file with the school.

**It will be the parent/legal guardian's responsibility to bring medication to the school nurse or building administrator, if the nurse is not available, throughout the entire school year.**

# Danville School District No. 118

## Request for Administration of Medication

Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

Dosage: \_\_\_\_\_

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

Frequency & Time of Administration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Licensed Prescriber (print) \_\_\_\_\_

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

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

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Part 2: To be completed by the parent or legal guardian

I \_\_\_\_\_, request and give permission for my child to receive the above medication as directed by the licensed prescriber. The medication will be sent to school in a container appropriately labeled by the pharmacist. I will provide the school nurse with a written note from the licensed prescriber if the medication is discontinued. Also, I will obtain a new doctor's order if there is a change in medication and/or dosage. Lastly, I hereby give permission for the school nurse to discuss the details of this order with the licensed prescriber.

Date: \_\_\_\_\_

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_