

**DUPAGE COMMUNITY HIGH SCHOOL DISTRICT #88
ADDISON TRAIL HIGH SCHOOL**

Medication Policy

Students requiring medication during the school day must follow the guidelines presented below. All attempts should be made to schedule medication administration outside school hours.

1. The student's physician shall provide written orders for medication administered in school. This order shall contain; student's name, the date, name of medication, dosage, administration time and route, and doctor's signature. The physician must provide a diagnosis for medication to be given in school, side effects he is concerned about, and phone number where he can be reached.
2. The student's parent or guardian shall provide to the School Nurse a written request authorizing the administration the administration of prescription or non-prescription medication at school. The request shall include the parent or guardian's name and phone number in case of an emergency.
3. Medication orders must be renewed annually. Changes in medication will be made only upon the **written** order physician and **written** request of the parent or guardian.
4. Medications shall be brought to the school in the original container properly labeled by the pharmacy or physician.
5. The school shall provide a locked space for safe storage of the medication. Only authorized personnel will have access to the cabinet.
6. The school nurse shall maintain a written record of all medication administered.
7. In accordance with Public Act 92-0402 students may self-administer asthma medication provided the student and parents are in compliance with Steps 1-4 above. The school nurse is exempt form Steps 5 & 6 for asthma medication. (Approved 10.10.01)

No medication will be given by school personnel unless these guidelines are followed. The school district retains discretion to reject requests for administration of medication subject to the requirements of the Individual With Disabilities Education Act.

Medication left in the Health Services Office after the last final exam will be discarded.

**DUPAGE COMMUNITY HIGH SCHOOL DISTRICT #88
ADDISON TRAIL HIGH SCHOOL
Phone (630) 628-3334 Fax (630) 628-4189**

Student's Name: _____ **Grade 9 10 11 12**

Student's ID#: _____

I hereby grant permission for the school nurse to administer the following medications as prescribed by the physician.

Signature: _____ **Date:** _____
Parent/Guardian

Emergency Number:
Home: _____ **Work:** _____

Physician Order

Medication: _____

Dosage: _____

Time & Route: _____

Physician Name: _____
Please Print **Phone**

Physician Signature: _____ **Date:** _____

Student may carry inhaler

Diagnosis and reason needed during school hours:

Specific concerns (if any): _____