

Bartelso Community School District #57

306 South Washington Street Bartelso, Illinois 62218 Phone: 618-765-2164 Fax: 618-765-2712 www.bartelsobraves.com

## **Medication Policy**

Due to state regulation, the district has an established medication policy. Under this policy, parents should not send prescription medication to school unless it is absolutely necessary for the health and well-being of the child. Therefore, for medication to be dispensed, the following must occur:

- 1. The doctor's prescription is listed on the medication listing the dosage and time or a note listing the dosage and time is sent by the parent.
- 2. The parent gives written permission for the school to dispense the medication.

All requests to dispense medication should be brought to the school office by the parent or the child. The medication will be stored in a secure place until it is dispensed to the child. It is the child's responsibility to come to the office to take medication home at the end of each day, if needed.

## ADMINISTRATION OF MEDICATION AND TREATMENT

District #57 retains the right to reject requests for administration of medication or treatment.

Only in the case of prescribed medication or treatment necessary for the student to remain in daily attendance or where failure to take medication or treatment could jeopardize the student's health, should medication or treatment be administered in school.

All medication, including non-prescription drugs, or treatments given in school shall be prescribed by a licensed prescriber on an individual basis as determined by the child's health status.

Should the need for medication or treatment at school arise, the following is required:

- a. Signed orders from the physician or dentist detailing the name of the student, medication or treatment, frequency of administration, dosage, anticipated reaction, side effects and illness or condition requiring medication or treatment.
- b. Signed parental request for the school to administer prescribed medication or treatment.
- c. Medication must be brought to the school in a container appropriately labeled by the physician or pharmacy. Parents/guardians will be responsible for providing all supplies and equipment needed to perform treatment.

The school nurse, her substitute, or a person designated by the principal will administer medication or treatment.

The medication will be stored in the office, with the exception of refrigerated medications.

A daily record of medication or treatment administration data will be kept.

A student's teachers, doctor or parents will be contacted as needed concerning the medication or treatment.

If the medication or treatment is changed, a new physician's order is required.

At the end of the school year unused medication left in the possession of the office will be appropriately disposed of by the principal in the presence of a witness.

Adopted 2001 Effective fall, 2001

## REQUEST FOR MEDICATION/TREATMENT TO BE GIVEN AT SCHOOL INCLUDING PRESCRIPTION AND OVER-THE-COUNTER MEDICATION

Name of Student	bir	hdate	
School			
TO BE COMPLETED BY PHYSICIAN			
Name/type of medication/treatment			
Dosage and frequency of administration			
Illness or condition requiring medication/trea	tment, at school		
Anticipated reaction to medication/treatment,	, side effects, additiona	l instructions	
Duration of order (week, month, indefinite) _			
Antibiotics require a six month renewal order order each school year.	r. All other medication	s/treatments will need a no	ew
Doctor, do you wish a report from the school	?		
Physician's Signature	Date	Phone	
TO BE COMPLETED BY PARENT/GUAR	DIAN		
I hereby request and give my permission for t medication/treatment prescribed on this form order is discontinued. Also, I will obtain a wr treatment is changed.	to my child. I will not	ify the school in writing if	f the

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Date

Phone