

Parent Information For Medications and Medical Procedures

Christian Liberty Academy (CLA) has established a policy identifying procedures for the safe administration of medications and/or medical procedures performed during school hours. No student shall carry medicine in school except for students given permission to do so by their licensed physician/health care provider to guard against a life threatening condition.

GENERAL RULES

Medications

1. When possible, medications should be given by parents/guardians before or after school hours. **Any medication to be given during the school day, including over the counter medication such as Acetaminophen (Tylenol) or Ibuprofen (Advil), must be accompanied by a completed Doctor's Order** from a health care practitioner who is recognized by IL's Dept. of Labor, Licensing, and Regulation as authorized to prescribe medications. The parent/guardian portion of the form must also be completed.
2. CLA and its employees reserve the right to refuse to honor medication requests that are not consistent with professional standards and/or deemed unsafe for the school setting. If this occurs, alternatives for meeting the student's needs will be discussed.
3. Requests from parent/guardians for administration of herbal/alternative medicinal products, "off-label" or investigational medications will be evaluated on a case-by-case basis.

Procedures

1. Medical procedures require receipt of the completed Doctor's Order and necessary equipment for the procedure. The Doctor's Order must be completed by a health care practitioner who is recognized by IL's Dept. of Labor, Licensing, and Regulation as authorized to prescribe medical procedures. The parent/guardian portion of the form must also be completed.

PARENT RESPONSIBILITY

1. Deliver the completed Doctor's Order along with medication in the original labeled prescription container and/or proper equipment for medical procedure to the school.
2. Inform the school of any changes in the student's health condition, medical procedure or medication.
3. Update CLA forms annually or when there is any change in the medication or medical procedure.
4. Pick up any unused medication or medical supplies within one week of discontinuation or last day for students, whichever comes first, after which medications will be disposed of.
5. Provide no more than a thirty (30) day supply of medication to the school at one time.
6. Be responsible for medication/equipment until it is received by School Nurse or her designee.

SCHOOL RESPONSIBILITY

1. Receive and review completed Doctor's Order along with medication (properly labeled/original container) and/or appropriate medical equipment.
2. Safely assist students with medication or performance of medical procedure according to CLA policy.
3. Communicate with the parent any problems or issues relating to administering medication or medical procedures.
4. Destroy medicine according to policy one week after discontinuance of medication or at the end of the school year, if not reclaimed by parents.

SELF MEDICATING AND/OR SELF MONITORING

Certain students with special health care needs may self-administer and or monitor provided the following requirements are met:

1. The Doctor's Order is completed with the following: name of the medication/procedure; dosage, time and route of the medication; *statement from the legal prescriber that the student may self-medicate and/monitor*; signature of legal prescriber; signature of parent or legal guardian.
2. Documentation from the student's healthcare provider stating that the student has been trained and is competent to self-medicate and/or self-monitor.
3. Parent has signed release of information allowing sharing of information with the student's healthcare provider and to those school employees with a legitimate need to know.
4. Medication is provided in an appropriately labeled prescription container.
5. Determination that the student's self-administration/monitoring will not jeopardize the safety of the student or others.
6. A signed statement by the parent/legal guardian acknowledging that the school shall incur no liability as a result of any injury arising from the student self-medicating and/or monitoring. The parent/legal guardian shall indemnify and hold harmless Christian Liberty Academy and its employees and agents against any claims arising out of the student self-medicating and/or monitoring.

IMPORTANT NOTE: WE WOULD BE HAPPY TO GIVE OVER-THE-COUNTER MEDICATIONS FOR HEADACHE, MENSTRUAL CRAMPS, FEVERS > 101°F., MUSCLE PAIN, ETC..., BUT WE MUST HAVE AN ORDER FROM YOUR CHILD'S HEALTH CARE PROVIDER.

Because we are a private school, we do not have a doctor that writes standing orders, so you must have your own doctor write an order. Thank you.



MEDICATION AUTHORIZATION FORMS

Prescription Medication/Procedure Doctor's Orders

School Year: _____

To Be Completed By The Doctor:

Name of Student: _____

Date of Birth: _____ Gender: Male Female Grade: _____

Diagnosis: _____

List any known drug allergies or other allergies: _____

Doctor's orders for medications or procedures to be administered or performed at school:

Name of Medication/Procedure: _____ Reason for Taking: _____

Medication Dosage: _____ Medication Route: _____

Frequency/Time(s) to be administered at school: _____

Date to begin medication/procedure: _____ Stop date if not end of school year: _____

Potential side effects/adverse reactions: _____

Comments or Special Instructions:

In accordance with Illinois state medication recommendation, students may self-administer inhaler or EpiPen medication at school with appropriate orders from a licensed health care provider.

If the student will be carrying the medication for self-administration, doctor please check this box: *I certify that the student listed above has been instructed in the use and self-administration of his/her inhaler or EpiPen medication. He/she understands the need for the medication, and the necessity to report to school personnel any unusual side effects. He/she is capable of using this medication independently.*

Legal Prescriber, print name/title

Signature of Legal Prescriber

Office phone #: _____ FAX #: _____ Date: _____

To Be Completed By Parent/Legal Guardian

I have read and understand the CLA Medication/Procedure policy and give permission for my child to receive the above medication, or have the above procedure performed as directed.

For inhaler/EpiPen self-administration, parent check here: *I request that my student be allowed to carry his/her inhaler or EpiPen medication and self-administer as needed.*

I hereby release Christian Liberty Academy; it's employees, agents and administration, from any and all liability as a result of injury arising from the administration of or the self-administration of medication by a student.

Signature of Parent/Legal Guardian

Date

Home Telephone #: _____ Work Telephone #: _____

This order is valid through the end of the school year and new doctor's orders are required at the start of each school year

NON-PRESCRIPTION MEDICATION DOCTOR'S AUTHORIZATION FORM

STUDENT'S NAME _____

GRADE _____

Dear Health Care Provider,

As a service and convenience to our families due to travel distances and working parents/ guardians, and in order to keep children in school with easy-to-treat symptoms, Christian Liberty Academy personnel will give non-prescription (over-the-counter) medication **ONLY** with a legal prescriber's order and the parent's written permission.

It is the parent's responsibility to furnish the medication. Medication given at school must be sent in the original container from the pharmacy. Over-the-counter medication must be labeled with child's name. If you want to only send in the amount of medication that the child will need at school, please send it in the original container and you keep the unmarked containers for yourself. Any medication sent in a baggy or poured into other containers will not be given for any reason. For the same reason, all labels and containers must be in English or the medication will not be given.

TO BE COMPLETED BY THE DOCTOR:

OTC Medication #1: _____

Dose: _____

Time to be given: _____ AM/PM

Reason given: _____

OTC Medication #2: _____

Dose: _____

Time to be given: _____ AM/PM

Reason given: _____

Legal Prescriber, print name/title_____
Signature of Legal Prescriber

Office phone #: _____ FAX #: _____ Date: _____

This order is valid through the end of the school year and new doctor's orders are required at the start of each school year

PARENT'S REQUEST AND APPROVAL:

I hereby request and grant permission for Christian Liberty Academy school personnel to administer or supervise the self-administration of the above-indicated non-prescription medication to my daughter/son. I understand that an individual other than the school nurse may perform this administration or supervision, and I specifically consent to this. I further wave any claims against Christian Liberty Academy, members of the School Board, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out to the administration of medication.

Parent/Guardian Signature: _____ Dated: _____