ELEMENTARY SCHOOL DISTRICT NO. 170

SAM J. MELE ADMINISTRATION CENTER
30 West 16th Street
Chicago Heights, Illinois 60411-3412
708-756-4165 FAX 708-755-3536

TO: Parents
FROM: School District 170
RE: Administration of Prescription Drugs at School District 170
(Illinois State Code Section 10.22.23 and 10.22.24)

The following procedures have been adopted by School District 170 on the position of administering medication to our students.

1. The DOCTOR must complete and sign a written order for prescription and non-prescription medication to be given at school (See attached "Medical Condition Action Plan and Medication Authorization" form.)
2. PARENT/GUARDIAN must sign the permission slip authorizing the school staff to administer the medication.
3. Medication must be brought to the school in a container, appropriately labeled by the pharmacy and/or physician, or in the store-bought container.

NO MEDICATION WILL BE GIVEN TO A STUDENT WITHOUT THE FORMS ON FILE AT THE SCHOOL. NO NON-PRESCRIPTION MEDICATION WILL BE GIVEN TO A STUDENT WITHOUT THE DOCTOR'S AUTHORIZATION.

This policy will be strictly adhered to.

Para: Los padres
Del: Distrito 170
Tocante: La Administracion de Drogas de Receta (prescripcion) en Distrito 170
(el codigo del Estado Illinois seccion 10.22.23 y 10.22.24)

Los siguientes procedimientos han sido escojidos por el Distrito 170 sobre la posicion de administrar medicina a nuestros alumnos:

1. EL MEDICO debe completer y firmar una orden escrita para la prescripcion y los medicamentos sin receta que ha de darse en la escuela. (Ver adjunto "Plan de Accion de Condicion y Autorizacion de Medicamentos").
2. Un PADRE/TUTOR debe firmar el formulario de permiso que autoriza el personal de la escuela para administrar el medicamento.
3. El medicamento debe ser traido a la escuela en un contenedor apropiado, etiqueta de la farmicia y/o medico, o en el contenedor comprado en la tienda.

La medicina no se administrara al alumnos sin las formas necesarias en la oficina. No se adminstrara medicina que no es de recetas del doctor (sin prescripcion) sin permiso del doctor.

Estas reglas se adheriran estrictamente.

SCHOOL DISTRICT 170 - CHICAGO HEIGHTS, ILLINOIS

MEDICAL CONDITION **INDIVIDUAL ACTION PLAN/ MEDICATION AUTHORIZATION**
CONDICIÓN MÉDICA **PLAN DE ACCIÓN INDIVIDUAL /AUTORIZACIÓN DE MEDICAMENTOS**

***** Health Care Provider MUST complete:*** / *****Proveedor de Asistencia médica DEBE completer:***

Student's Name: _____ Birth Date: _____

Medical Condition (Diagnosis): _____
(*Diabetics must provide a detailed Medical Management Plan*)
Symptoms: _____
Activity restrictions: _____
Emergency actions for school staff to take:

_____

_____

Call 911 if: _____
While waiting for ambulance, school staff should: _____

_____

Food restrictions (for food allergy/sensitivity):

_____

Medication to be given at school:
Name of Medication: _____
Dosage: _____
Time: _____
Side effects: _____
Adverse side effects (CALL Physician): _____
Medication may safely be administered by school staff other than a licensed nurse:
Yes _____ No _____
Re: Inhaler… Allow student to carry inhaler: Yes ___ No___

*****Health Care Provider (MD, DO, APN, PA) must sign below***:

Print Name _____ **Signature** _____ **Date**_____

Address _____ **Phone** _____

►I give permission to the School Nurse, the Building Administrator or (his/her designee) to administer to my child his/her medication as prescribed by the Physician. I understand that the school is **NOT** responsible for dispensing medicine to my child, and that if the above are not available, my child will **NOT** be given the medication. ***This form may be shared with school staff.***
►Yo doy permiso a la Enfermera de la escuela, administrador del edificio o (a una persona designado) que le administre el medicamento dado por el doctor a mi hijo/a. Yo comprendo que la escuela **no** sera responsable en despensar el medicamento a mi hijo/a, y si, las siguientes personas no estan disponibles, **no** se le dara medicamento a mi hijo/a. ***Esta forma puede ser compartida con el personal escolar.***

Parent/Guardian signature/Firma de padres/tutores: _____ Date/Fecha: _____