

# Freeburg Community High School

## Medication Policy

Freeburg Community High School discourages students from bringing medications to school and taking medications during the school day. When it becomes necessary for students to take prescription and/or non-prescription medication while at school, the following applies:

1. A signed and dated Medication Authorization from the parent/legal guardian must be on file in the student's health record.
2. Students who have a chronic health condition such as a seizure disorder, asthma, ADD/ADHD, or diabetes that require the routine administration of medication while attending school, must have a physician's order in addition to the authorization from the parent/legal guardian on file in the student's health record.
3. Students must bring the medication, prescription or non-prescription, in the original container, which includes the students' name clearly printed on the container.
4. Students are not to store medication in their lockers or keep medication on their person or in book bags or purses. Storage of all medication is to be in the health office.
5. The exception to the above are students who possess an epinephrine auto-injector and/or medication prescribed for asthma for immediate use at the students' discretion, provided the student's parent/guardian has completed and signed the parental permission form and a signed physician's order is on file in the student's health record.

There are times when students may experience unforeseen symptoms while attending school. The goal for the use of medication at these times is to assist the student to participate to their fullest by relieving symptoms and remaining in school. To this extent, analgesics such as ibuprofen and acetaminophen are used to relieve the minor pain associated with menstrual cramps, minor headaches not associated with injury, toothache or pain due to orthodontic appliances; throat lozenges to relieve minor cough and sore throat and antacids for minor indigestion or upset stomach. These medications may be administered to the student at the discretion of the school nurse.

# Prescription Medication Authorization

Freeburg Community High School

401 South Monroe Street

Freeburg, IL 62243

Phone (618) 539-5533 Fax (618) 539-4887

Parent permission for student to take prescription medication:

I give permission for my child to take the medication as ordered below. I will notify the school of changes in medication and/or my child's condition as they arise.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Physician's Order For Medication To Be Administered During School Hours:

Diagnosis/Condition: \_\_\_\_\_

Medication/Dosage/Time to be Administered: \_\_\_\_\_

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

Duration of time medication is to be used: \_\_\_\_\_

## If a student is self-medicating (such as with an inhaler) please complete the following:

I certify that \_\_\_\_\_ has been instructed in the use and self-administration of \_\_\_\_\_ and that he/she is capable of using this medicine independently and understands the need for the medication and the necessity to report to school personnel any unusual side effects.

Signature of Physician \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_