

Administration of Medicine Policy



No school personnel shall administer to any student, nor shall any student possess or consume any prescription or non-prescription medication unless the Parent Authorization of Medicine Form has been filed with the Trinity School office. This form shall be completed by the student's parent or guardian and shall be on file in the school office prior to the dispensing of any medication to a student. In addition, any student needing to take a prescription medication at school, will need to have a Doctor's Authorization of Medication at School Form filled out and on file in the school office before the medication can be administered. These forms must be renewed annually.

- It is the policy of Trinity Lutheran School that ALL medications taken during the school year are to be dispensed through the school office. ALL drugs, including INHALERS and EPIPENS, which are taken in school, must be dispensed in the school office unless the doctor orders the student to self-administer.
- If a student needs to take prescription or non-prescription medication at school, a parent or guardian must complete and sign a Parent Authorization of Medicine Form.
- ALL prescription medication taken at school must be prescribed by a licensed prescriber or dentist and be accompanied by a Doctor's Authorization of Medication at School Form.
- The medication MUST be in the prescription bottle with the student's name, the name of the medication, the dosage, time and route of administration, and include the physician's name.
- The student's parent or legal guardian will be required to sign a request to have the medication dispensed according to the written directions of the Doctor, nurse practitioner, or dentist.
- Over-the-counter medications such as Ibuprofen and Tylenol WILL NOT be supplied by the school office.
- Any other over-the-counter medications needed for a student must be supplied by the parent/guardian. (Tylenol, Ibuprofen, Cough Drops, Itch Cream, Benadryl, etc.) The medication is to be labeled with the child's name, a current, signed **Parent Authorization for Medication** form, dated and clearly written dosing instructions shall be submitted to the school office along with the medicine. (Expired medication will not be accepted under any circumstances.)
- Every attempt will be made to send an email to a parent/guardian if a student is administered any medication that has been authorized by the parent or legal guardian. PLEASE PROVIDE A CURRENT EMAIL ADDRESS TO THE SCHOOL OFFICE.
- Any medication being brought to the school needs to be brought into the school office by a parent or guardian. PLEASE DO NOT SENT MEDICATION IN WITH A STUDENT.
- Any prescription or over-the-counter medicine that is not picked up by the parent/guardian at the end of each school year will be properly disposed.
- Trinity Lutheran School retains the discretion to reject requests for administration of medicine.

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217.787.2323

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Springfield, IL 62701

SCHOOL CAMPUS
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515 S. MacArthur Blvd.
Springfield, IL 62704

TRINITY-LUTHERAN.COM

Parent Authorization for Medication Form



Name of Student:
Birthdate:
Grade:
Home Address:
Phone number:
Allergies:
Name of Parent/Guardian:
Phone number of Parent/Guardian:
Email to contact:
Name of Medicine:
Dosage:
Specific Instructions:

I acknowledge that as a parent/guardian, I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize Trinity Lutheran School and its employees, on my behalf, to administer or to attempt to administer to my child, (or to allow my child to self-administer, while under the supervision of the employees and agents of Trinity Lutheran School), lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse, and specifically consent to such practices. I acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I might have against the Trinity Lutheran School or its employees arising out of the administration of said medication.

I further acknowledge that I have read and understand the Administration of Medicine Policy for Trinity Lutheran School. In addition I agree to hold harmless and indemnify Trinity Lutheran School and its employees as either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent Signature _____ Date _____