

Zion Lutheran School + Lincoln, Illinois Procedure for Dispensing of Medication

- Students should not take any medication during school hours or during school related activities unless it is necessary for a student's health and wellbeing.
- If medication can be taken at home, rather than at school, families are encouraged to follow that time table whenever possible. (i.e., First dose before school, second dose after school, third dose before bed.)
- When a student's parent/guardian believes that it is necessary for the student to take a medication during school hours or school related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the Zion Lutheran School procedures on dispensing medication.
- No student shall possess or consume any prescription or nonprescription medication on school grounds or at a school related function other than as provided for in this policy and its implementing procedures.
- A student may possess, for immediate use at the student's discretion, an epinephrine auto injector, and/or medication prescribed for asthma, and/or a blood glucose meter and injectible insulin, provided the student's parent/guardian has completed and signed an authorization form.
- Zion Lutheran School shall incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self administration of medication or epinephrine auto injector or the storage of any medication by school personnel.
- Nothing in this policy shall prohibit any school employee from providing emergency assistance to students, including administering medication.
- All medication administered will be documented on a student medication log that includes the student's name, name of drug, dosage, date and time administered.
- All medication left at school beyond the duration of permission to administer that medication will be destroyed. Parents will be notified of plans to dispose of any medication during the school year. It will, however, be the parents'/guardians' responsibility to pick up medication at the end of the school year.

Medication Release Form

Medication will be provided to a student only after ZLS procedures have been properly followed. It is the parent's responsibility to administer any medication required by a student during the school day, unless the following criteria are met:

1. ZLS must receive an appropriate authorization form, completed and signed by the parent/guardian and prescribing physician. A physician's signature ***IS REQUIRED*** for over-the-counter medication. The Medication Authorization Form needs to be filled out, signed by both parent/guardian and physician, and on file in the ZLS office. The authorization form is located on the reverse side of this document.
2. Medication **must** be brought to school by the **parent/guardian** or other **responsible adult**. This is to insure your child's safety and for the prevention of any loss or misuse of the medication. All medication must be turned in to the school office.
3. Medication **must** be brought to school by a parent/guardian in a **properly labeled container** with the **name of the student, the licensed prescriber, name of the medication, dosage, route, time to be given, and the pharmacy name**.
4. Zion Lutheran School does not provide over-the-counter medication, i.e. aspirin, Tylenol, cough drops, etc. If your child needs to take these medications, you, the parent/guardian, must bring the medication to the school office for your child. Non-prescription medication should be in the original manufacturer's package and the student's name affixed to the container. Any over-the-counter medication must have parent/guardian **and** physician's authorization. Please only send 1-2 weeks worth of over-the-counter medication.
5. Some students may need to carry their emergency medication (asthma inhalers, insulin, and EpiPens) on their person, and use it on an "as needed" basis. These situations require a licensed physician's prescription and parental/guardian permission.

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This form must be signed and returned before medication can be dispensed.

I have read and understand the Zion Lutheran School policy for dispensing of medication. I hereby authorize Zion Lutheran School and its employees and agents, in my behalf and stead, to administer lawfully prescribed medication and all other over-the-counter/nonprescription medications. I further acknowledge and agree that, when the lawfully prescribed medication is so administered, I waive any claims I might have against Zion Lutheran School, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Zion Lutheran School, its employees and agents, 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.

Signed this _____ day of _____, 20_____

Signature(s) of Parent/Guardian

Name of Child