

## **Board of Education**

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Dr. Thomas M. Eddy Deputy Superintendent 815.462.2125

Dr. Sharon K. Michalak Assistant Superintendent 815,462,2122

Mr. Ronald R. Sawin Assistant Superintendent 815.462.2111

**Administrative Offices** 

1801 E. Lincoln Hwy. New Lenox, IL 60451-2098 Web: lw210.org

"Lincoln-Way Community High School District #210 does not discriminate on the basis of color, race, gender, nationality, religion, religious affiliation, handicap, or disability."

## RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOL

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her education plan. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.

The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medications for those children who require them.

## **GUIDELINES:**

- 1. All medication, including non-prescription drugs, given in school shall be prescribed by a doctor. A written order from the prescribing doctor must be provided with the name of the medication, dosage, and time intervals that the medication is to be taken.
- 2. Medication must be brought to school in the original package or appropriately-labeled container. Over the counter medication shall be brought in with the manufacturer's original label and the student's name affixed to the container.
- 3. Written parental/guardian consent is to be placed on file requesting that the medication be given during school hours.
- 4. The administration of medication to students in school is managed by the school nurse. All questions regarding this policy can be made by contacting the nurse at the appropriate campus.

Central Campus815-462-2260East Campus815-464-4144North Campus815-534-3045West Campus815-717-3545

## LINCOLN-WAY HIGH SCHOOL DISTRICT 210 – MEDICATION AUTHORIZATION FORM

Please return this form to the school nurse

		DATE OF B	IRTH
Physic	cian's orders: (To be filled out b	y the attending	Doctor – please print)
Medication #1	Dosage		Route
Time to be given	Reason for prescril	Reason for prescribing medication	
Possible side effects	of medication		and of Education
Medication #2.	Dosage		Route
Time to be given	Reason for prescrib	ing medication	- 2000
Possible side effects	of medication	raceuminus :	to stand for a standard of the
Medication #3.	Dosage	lada saniyasi	Route
Time to be given	Reason for prescrib	ing medication	VOISZEGOSAN GOSE
Possible side effects	of medication		Janua E. Grad
Medication #4.	Dosage	nese guidelli	Route
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18:			te
Address		Phone Nun	nber
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I hereby grant my permission medication as prescribed by medication will be kept in the Please check this box if this medical Parent/Guardian Signa	In for Lincoln-Way High school to administer the above physician. I agree to provide me e nurse's office, and the student will report ation was prescribed for Band camp or ture:	to	the above named labeled bottle from the pharmacy. The to receive the prescribed medication.  **Trict 210 outside activity**    Trict 210 outside activity   Trict
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