



An Illinois State Board of Education Approved Facility

Offering services to students with Autism, Other Health Impairment, Intellectual Disability, Specific Learning Disabilities, Speech/Language Impairment, Social/Emotional Disorder, and Developmental Delay.

Medication Administration Policy & Procedures

Guiding Light Academy
1051 Internationale Parkway
Woodridge, Il. 60517

Guiding Light Academy West
247 Brook Forest Ave.
Shorewood, Il. 60404

Website: www.guidinglightacademy.org

Guiding Light Academy

Section 1: Purpose

The purpose of this manual is to provide support and guidance based on the Illinois Department of Human Services and the Illinois State Board of Education's recommended guidelines to help Professionals and Parents/Guardians in the administration of medications in school.

The only time that Guiding Light Academy (GLA) will administer medication is if the student requires the medication to maintain their overall health or if it enhances their education and helps to create the conditions under which learning can be achieved. The plan for the administration of medication must be placed in a student's IEP and updated annually.

Section 2: Persons Qualified to Administer

Credentialed and titled school Administrators and/or a Registered Nurse, if available, in consultation with a student's health care provider, will administer medication to students. All prescription and nonprescription medications require written authorization from the student's health care provider as well as the student's parent/guardian. All medication must be in the original labeled container bearing the name of the pharmacy and its contact information, the student's name, prescribed medication, recommended dosage, and instructions. Guiding Light Academy requires all medication documentation to be updated annually of each school year.

Section 105 ILCS 5/24-24 (in loco parentis) of the Illinois General Assembly, indicates school employees are afforded liability protection from negligence in the administration of medication and treatment in a school setting. Therefore, GLA staff, in collaboration with the student's health care provider, retain the right to decline a medication to be administered by school staff. Any medical order that is declined will be communicated to the student's parent/guardian as well as to the prescriber, along with the medical/nursing rationale and an offer to accommodate with a different medication or regimen.

On a case by case basis, GLA may elect to allow a parent or guardian or other approved adult family member to directly give the student a legal medication as if they were doing so at home.

Students are permitted to self administer medication with written parental / guardian consent, under the supervision of a Health Service provider or designate. In the event a student refuses to take their medication, no disciplinary action will be taken however, the students parent/guardian will be informed in addition to the the incident being documented in writing.

Section 3: Medications Allowed

GLA allows both prescription and over the counter non prescription medications to be administered providing that the medication is needed to maintain the student's overall health and/or that adds to a educational benefit. All prescription and nonprescription medications require written authorization from the student's health care provider as well as the student's parent/guardian. All medication must be in the original labeled container bearing the name of the pharmacy and its contact information, the student's name, prescribed medication, recommended dosage, and instructions. Guiding Light Academy requires all medication documentation to be updated annually of each school year.

Section 4: Permission to Administer and Label Requirements

All medications given in school, including, but not limited to, prescription medication, over-the-counter medication, and other vitamins and supplements shall be prescribed by a licensed prescriber on an individual basis as determined by the student's health status. All prescription and nonprescription medications require written authorization from the student's health care provider as well as the student's parent/guardian. All medication must be in the original labeled container bearing the name of the pharmacy and its contact information, the student's name, prescribed medication, recommended dosage, and instructions. Guiding Light Academy requires all medication documentation to be updated annually of each school year.

1. A written order for prescription and non-prescription medications must be obtained from the student's licensed prescriber.

The order includes:

- Student's Name
- Date of Birth
- Licensed Prescriber, Signature and Date
- Licensed Prescriber Phone and Emergency Number(s)
- Name of Medication
- Dosage
- Route of administration
- Frequency and time of administration
- Diagnosis Requiring Medication
- Intended Effect of the Medication /Possible Side Effects
- Other Medications Student Receives (outside of school)
- Time Interval for Re-Evaluation
- Approval for Self-Administration
- Approval for students to carry emergency medication on their person (i.e. inhaler, Epi-Pen)

2. Medication must be brought to the school in a container, labeled appropriately by the pharmacist or licensed prescriber.

Prescription medication shall display:

- Student's Name
- Prescription Number
- Medication Name and Dosage
- Administration Route or Other Directions
- Date and Refill
- Licensed Prescriber's Name
- Pharmacy Name, Address and Phone Number
- Name or Initials of Pharmacist

Over the Counter Medication (OTC):

OTC (non-prescription) medication shall be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container. In addition to written permission from the doctor, written parental/guardian permission must be obtained.

Permission to administer must be obtained when medication or dosages are changed and must be updated annually of each school year.

Section 5: Storage of Medication

The student and his or her guardians must bring all medication to GLA. Medication must be brought in with the manufacturer's original label with the ingredients listed and the child's name affixed to the container. In addition to written permission from the doctor, written parental/guardian permission must be obtained. All medication must be in the original labeled container bearing the name of the pharmacy and its contact information, the student's name, prescribed medication, recommended dosage, and instructions. GLA will store up to a 30-day supply of medication as long as a note is attached to the medication stating how many pills or ounces of medication are being sent to the school and signed by the person who received the medication. Parents/Guardians are responsible for sending in the supply every 30 days and will receive a written shortage notification from the staff. Daily dosages are acceptable; however they are still required to be in the original packaging as cited above.

All prescribed medication must have the following information printed on the package:

Student's name, prescription number, medication name and dosage, administration route or directions, date, refill, licensed prescriber's name, pharmacy name, address, pharmacy phone number, name or initials of pharmacist.

All medication will be stored in its original packaging in a locked area. At the end of the school year, parents/guardians will be notified in writing of any unused remaining medication. Parents/Guardians are responsible for picking up the medication in person if there is any unused. If parents fail to claim their unused medication, Guiding Light will dispose of the medication properly (and witness and logged) by the day after the student's dismissal. All medication discarded by school staff will be witnessed and documented.

Section 6: Logging of Administration of Medication

Each student who consumes medication at school will have a written log of administration. Each given dose of medication will be recorded with the date, time, dosage, route, and the signature of the person who supervises or administers the medication. In the event that the medication is not administered as prescribed, the reasons will be recorded in the log and parents/guardians will be informed. A count of the controlled substance will be taken daily.

Upon parent/guardian and or physician's request, the side effects of the medication will be documented. This documentation will be included in the daily home/school communication binder for general feedback purpose. The parent/guardian is responsible for providing the prescriber the summary if needed. The student's doctor should devise a health care plan for medication requiring long-term usage. GLA reserves the right to require this plan, if necessary.

Authorization and Permission for Administration of Medication

Student's Name: _____ Birthdate: _____

School medications and health care services are administered following these guidelines:

- Physician/Prescriber signed dated authorization to administer the medication.
- Parent signed dated authorization to administer the medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

Physician Authorization:

Medication/Health Care Treatment: _____

Dosage Time to be administered:

Intended effect of this medication: _____

Expected side effects, if any:

Other medications student is taking:

May student self-administer medication under supervision of Health Service personnel or designate? (Please circle) YES / NO

If yes is circled a student self-administration form must be completed

Administration instruction:

Circle one: Discontinue Re-Evaluate Follow-up/Continue

Prescriber's Signature: _____ Date signed: _____

Prescriber's Contact Number: _____

Controlled Substance Daily Count

Student's Name: _____ Birthdate: _____

Name of Medication: _____

DATE	TIME	AMOUNT ON HAND	AMOUNT USED	AMOUNT LEFT	SIGNATURE
Month:					
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Parental/Guardian Medication Authorization

Student's Name: _____ Age: _____ Grade: _
Medication to Administer: _____
Administration Route (as prescribed): _____
Dosage: _____ Time: _____

I herewith acknowledge that 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 Guiding Light Academy and its employees, contractors, and agents, on my behalf and stead, to administer or to attempt to administer to my child, lawfully prescribed medication in the manner described above. I acknowledge that it may be necessary for the administration of medication to my child be performed by an individual other than a school nurse, and specifically consent to such practices. I further 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 school, its employees, and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the school district, GLA, its employees, contractors, 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.

Parent/Guardian Signature Date

Parent Address

Parent Phone Number

Emergency Phone/Cell/Business Phone

Additional Information:

Daily Medication Administration Record

Student:	D.O.B.
Medication Name/ Route:	Date, Dose, Time:
Parent Name:	Parent Phone:
Physician:	Physician Phone:

Please place the time and your initials in the appropriate box.

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
12												
13												
14												
15												
16												
17												
18												
19												
20												
21												
22												
23												
24												
25												
26												
27												
28												
29												
30												
31												

Codes: (-): Weekend, (F): Field Trip, (H): Holiday, (D): Early Dismissal, (A): Absent, (W): Dose Withheld, (N): None Available, (O): No Show

Medication Error Report

Student's Name:

Date:

Name of Prescribed Medication: _____

Error Made:

- Wrong Dosage Given
- Wrong Medication
- Missed Dosage (No Dose Given)
- Dosage Given at a Wrong Time
- Student Refusal
- Medication Not Received
- Other: _____

Please Describe What Happened In Detail and Why.

Does a Physician need to be contacted? If yes, was he/she contacted?

Recommendations: _____

Was the parent contacted? Describe phone call.

Signature of Administrator

Date

* Send a copy of this notice home with student and place a copy in the student's file.