

**McLean County Unit District No. 5  
REQUEST FOR  
SUPERVISED SELF-ADMINISTRATION OF MEDICATION**

**TO THE LICENSED PRESCRIBER:**

When it is necessary for a student to receive medication according to the procedure on the reverse side of this order/request, the following information **must be provided**:

\_\_\_\_\_ should take \_\_\_\_\_  
(Name of Student) (Dosage/Amount)

of \_\_\_\_\_ at \_\_\_\_\_  
(Name of Medication) (Time of Day)

Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

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

Diagnosis of Disease or Injury \_\_\_\_\_

Desired Benefits of Medication \_\_\_\_\_

Medication Side Effects \_\_\_\_\_

Other Medications Student is Receiving \_\_\_\_\_

\_\_\_\_\_  
Prescriber's Name (Print or Stamp) \_\_\_\_\_

Prescriber's Signature \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**TO THE PARENT OR GUARDIAN**

I give permission for \_\_\_\_\_ to **SELF-ADMINISTER** the medication as prescribed above. I agree to the terms of the procedure as stated on the reverse side of this request. It is understood that in instances where the student self-administers medication, McLean County Unit District No. 5, the principal or designee shall not in any way be responsible that said student administers the proper medication or dosage. A student who self-administers medication shall be solely responsible for the administration of the proper dosage, and the parents and/or legal guardians agree to save and hold harmless, completely release and excuse McLean County Unit District No. 5 and its employees and agents of any liability or obligation of any nature in any way related to the District's Medication Policy and Procedure. I also consent to the sharing of relevant medical information between the school and the physician's office.

Parent or Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Nurse's Initials

**McLean County Unit District No. 5**  
**PROCEDURE**  
**SUPERVISED\* SELF-ADMINISTRATION OF MEDICATION**

If a student must receive prescription or non-prescription medication at school, a written request completed by both the licensed prescriber (physician, dentist, podiatrist, advanced practice nurse, or physician assistant) and the parent or guardian must be on file at the school. The appropriate form is available at each school office and in the offices of all licensed prescribers and emergency rooms in the McLean County area.

In the absence of a licensed registered nurse at the school, the student will **SELF-ADMINISTER** the medication under the supervision of the school principal or a designee.

**Students are not allowed to carry any medication on their person.** Exceptions will be allowed only with the approval of the school principal and the certified school nurse.

All medications must be kept locked in the nurse's office or in the school office.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber. The label must include:

Name of Student  
Name of Medication  
Dosage  
Time to be Taken  
Prescriber's Name  
Date

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

No medication will be provided by the school.

Unless ordered for a short term, all requests for self-administration of medication will expire at the end of the school year. If the parent/guardian does not pick up any unused medication, the certified school nurse shall dispose of the medication in the presence of a witness and both shall document that act.

\*With the exception of an asthma rescue inhaler where the "parent agreement for child to carry asthma inhaler medication" form is on file at the school.