

## ADMINISTRATION

DANIEL J. RIORDAN, Ed.D.  
*Superintendent*

ERIC NOVAK  
*Chief School Business Official*

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*Principal*



# REAVIS HIGH SCHOOL

District 220

Est. 1950

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### Medication Administration

Students should not take medication during school hours or during school related activities unless it is necessary for their health and well-being. In the event that the student must take medication at school, a **“School Medication Authorization Form”** must be completed by the health care provider and the parent and returned to the School Nurse. School personnel shall not administer to any student, or supervise a student’s self-administration, of any prescription or non-prescription medication until the **“School Medication Authorization Form”** is completed and submitted by the parent /guardian.

#### **Guidelines/Procedure:**

1. Parent/guardian should bring the completed **“School Medication Authorization Form”** and the medication in an appropriate container with label to the Nurse’s office between the hours of 7:45AM-3:05PM. The label should include the student’s name, medication name, dosage, and administration instructions. No medication will be accepted in plastic bags or unlabeled containers. Non-prescription medication must be in manufacturer’s original container with the label indicating the ingredients and the student’s name affixed.
2. A student may possess and **self-administer** (includes asthma medication and Epi-pen) at school with written permission from the parent/health care provider. All other medication will be kept in nurses’ office in a locked cabinet.
3. It is the responsibility of the parent/guardian to be sure that all medication orders and permissions are brought to school, refills provided when needed, and to inform the nurse of any significant changes in the student’s health.
4. At the end of the school year or the end of the treatment regime, parent/guardian must come to school to remove any unused medication.

Board Policy 7:270-AP (Dispensing Medication), 7:270-E (School Medication Authorization Form)