



## MEDICATION IN THE CLASSROOM

### Schaumburg Park District Policy

Schaumburg Park District recognizes that at times some children are able to attend regular preschool because of the effective use of medication in the treatment of disabilities or illnesses. The Park District believes that medication should be administered in the home, but recognizes that at times medication must be given during the school day. In such cases the administering of medication to students is subject to the following regulations:

1. Necessary medications may only be administered to a child in a Schaumburg Park District program with written parental permission. Parents must complete the authorization to dispense/administer before medication can be administered.
2. Prescription medications must be in the original prescription bottle with the label intact.
3. Over the counter medications may be dispensed only from a new, unopened bottle or package. If the medication is needed on more than one day, participants must leave the medication at the program until the end of the cycle of medication is completed. Any opened packages that are removed from the program may not be returned to the program.
4. All medications will be stored in a designated container kept in the classroom.



**MEDICATION DISPENSING INFORMATION**

*This form must be completed for each program session or when medication changes.*

**BACKGROUND INFORMATION:**

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent's/Guardian's Name(s) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Program Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICATION INFORMATION:**

1. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity supplied: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

2. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity supplied: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

3. Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Quantity Supplied: \_\_\_\_\_

Dispensing & Storage Instructions: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that it is my responsibility to give the medication directly to program staff with full instructions in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles.**

**In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.**

**I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Park District if any changes in the dispensing of medication change.**

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

