

PANHANDLE COMMUNITY UNIT SCHOOL DISTRICT NO. TWO

Offices of Board of Education and Superintendent

509 N. Prairie

Raymond, IL 62560

(217) 229-4215 • Fax (217) 229-4216

Dear Parents/Guardians:

It is the policy of PCUSD #2 that any medications taken during the school year are to be dispensed through the nurse's office.

The administration of prescription drugs can only be done as prescribed by a licensed physician/dentist/advanced practice nurse. The medication will need to come to school in the **ORIGINAL PRESCRIPTION BOTTLE OR CONTAINER FROM THE PHARMACY WITH PROPER LABELING** including the student's name, name of medication, dosage, time and route, the name/address of the pharmacy, and the prescriber's name. Medication will not be given if it has an incorrect label or is expired. The student's parent or legal guardian will be required to sign a request to have prescribed medications dispensed according to the written authorization form completed by the physician/dentist/advance practice nurse.

The district now has a standing order written by a physician that allows the nurse to dispense OTC medications to students as long as the Parental Permission is signed below. The OTC products used most often in our school district are listed below. All products **ARE NOT** available in all schools, only where deemed age appropriate. If you **DO NOT** want your child to receive a product listed below, please cross out that particular medication. **Please provide your own supply of Tylenol and/or Ibuprofen if your child uses these medications frequently.**

Acetaminophen (Tylenol)
Benadryl Liquid/pill
Caladryl Lotion
Ibuprofen (Advil)
Sterile Eye Wash
Visine

Antacids (Tums)
Benadryl Cream
Cough Drops
Midol
Sting Swabs
Sudafed PE

Antiseptic Wound Cleaner
Burn Gel
Hydrocortisone Cream
Neosporin ointment
Oragel

In the event of an emergency, 911 will be called to respond to the situation. Epinephrine may be given in case of severe allergic reaction/anaphylaxis. The nurse will continue to monitor the student's vital signs until 911 paramedics arrive.

PARENTAL PERMISSION: I hereby give my permission for my child _____ to receive any of the ingested or topical medications listed above as appropriate while attending school in the Panhandle School District.

IF UNDER 12 YEARS OLD- Student's weight _____ pounds

Parent Signature _____ Date _____

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(217) 229-4215 • Fax (217) 229-4216

Lincolnwood Jr./Sr. High School
507 N. Prairie St.
Raymond, IL 62560
(217) 229-4237

Farmersville Grade School
407 Sedentop St. • P.O. Box 170
Farmersville, IL 62533
(217) 227-3306

Raymond Grade School
505 N. Prairie St.
Raymond, IL 62560
(217) 229-3124