

Medication Administration Guidance

Wellness and Student Care Department

September 2026

Table of Contents

Introduction 4

Medication Administration Policy 4

Definitions 4

General Policy Guidance 7

Practice and Policy Recommendations 8

Storage of Medications 8

Administration of Medications 8

Medication Administration Authorization Form 9

Medication Order Validity Period..... 9

Additional Suggestions 9

Specific Topics 10

Self-Administration of Asthma Medication 10

Undesignated Asthma Medication 11

Epinephrine Delivery System 12

Opioid Antagonists 12

Undesignated Glucagon..... 13

Diabetes 14

Medical Cannabis 15

Epilepsy..... 15

Psychotropic or Psychostimulant Medication 15

Sunscreen 15

Delegation and Scope of Work..... 16

Illinois Nurse Practice Act 16

Nursing Delegation by a Registered Professional Nurse 16

Fieldtrips and/or Out of District Medication Guidance 17

Medication Storage, Transport, and Documentation During Field Trips..... 17

Notification Timeframe 18

Delegation 18

Scope of Work for School Nurses..... 19

Registered Nurse Scope of Practice 19

Standards for School Support Personnel Services.....	19
Standards for School Nurses	20
Personnel Required to be Qualified	20
Federal Laws	21
The Americans with Disabilities Act	21
Free and Appropriate Education	21
The Family Educational Rights and Privacy Act	21
Health Insurance Portability and Accountability Act	21
Individuals with Disabilities Education Act	21
Section 504 of the Rehabilitation Act of 1973.....	22
Procedures and Protocols Related to Medication Administration	22
The Nursing Rights of Medication Administration	22
Medication Errors	23
Medication, Storage, Safety, and Security	24
Student Safety.....	24
Storage of Medication	24
Security	25
Resources	25

Introduction

There is an increasing number of children with complex and chronic health conditions. School health services are critical to student attendance. Per [105 ILCS 5/10-20.14b](#), school districts must develop a policy for medication administration and provide it to students, parents, and guardians within 15 days of the start of each school year or within 15 days after a student transfers into the district. This document, developed in accordance with applicable legislation and standard medical practice, serves as a reference to assist school districts, public schools, charter schools, and nonpublic schools and staff in the development and implementation of medication administration policies.

Medication Administration Policy

In accordance with [105 ILCS 5/10-20.14b](#), school districts are required to develop a policy for administration of medications in schools, to furnish a copy of the policy to the parents or guardians of each pupil within 15 days after the beginning of each school year, or within 15 days after starting classes for a pupil who transfers into the district, and to require that each school inform its pupils of the contents of its policy. ***It is highly recommended that all districts seek advice from their legal counsel in the development and approval of their medication administration policies.***

Definitions

504 Plan: Plan developed for a student who meets criteria under the Rehabilitation Act of 1973

Administer: The direct application of a nonprescription drug product or prescription drug to the human body, whether by injection, ingestion, or other means

Advanced practice registered nurse (APRN): A person who has met the qualifications for a (1) certified nurse midwife (CNM), (2) certified nurse practitioner (CNP), (3) certified registered nurse anesthetist (CRNA), or (4) clinical nurse specialist (CNS) and has been licensed by the Illinois Department of Financial and Professional Regulation

Controlled medication/controlled substance: A drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed. Controlled substances include opioids, stimulants, depressants, hallucinogens, and anabolic steroids. Controlled substances with known medical use, such as morphine, Valium, and Ritalin, are available by prescription from a licensed healthcare provider.

Delegated care aide: According to the [Care of Students with Diabetes Act](#), “delegated care aide” means a school employee who has agreed to receive training in diabetes care and assist students in implementing their diabetes care plan and who has entered into an agreement with a parent or guardian and the school district or private school.

According to the [Seizure Smart School Act](#), “delegated care aide” means a school employee or paraprofessional who has agreed to receive training in epilepsy and assist a student in implementing his

or her seizure action plan and who has entered into an agreement with a parent or guardian of that student.

Delegation: According to the [Illinois Nurse Practice Act](#), “delegation” means “transferring to a specific individual the authority to perform a specific nursing intervention in a specific situation.”

Drug: Any substance recognized as a drug in the official U.S. pharmacopoeia and national formulary or official homeopathic pharmacopoeia of the United States or any supplement to either of them

Drug product: A specific drug or drugs in a specific dosage form and strength from a known source of manufacture

Epinephrine delivery system: Epinephrine delivery system means any form of epinephrine that is approved by the United States Food and Drug Administration, including any device that contains a dose of epinephrine, and that is used to administer epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

Experimental medication: A substance that has been tested in the laboratory and approved by the U.S. Food and Drug Administration (FDA) for testing in people. Clinical trials test how well experimental drugs work and whether they are safe to use. An experimental drug may be approved by the FDA for use in one disease or condition but still be considered investigational in other diseases or conditions. Also called investigation agent, investigational drug, and investigational new drug.

FERPA: Family Educational Rights and Privacy Act

HIPAA: Health Insurance Portability and Accountability Act

Homeopathic medication: An alternative approach to medicine where natural substances from plants, minerals, or biological materials that are not approved by the FDA are used, most often in very small amounts, to restore health

Individualized Healthcare Plan (IHP): A plan that is developed by the registered professional school nurse using the nursing process in collaboration with the student, the family, and the student’s healthcare providers. An IHP is designed to coordinate care, manage a student’s health condition in school, inform school education planning, promote a student’s health and academic success, and optimize attendance.

Licensed practical nurse (LPN): “Practical nurse” or “licensed practical nurse” means a person who is licensed as a practical nurse under the Illinois Nurse Practice Act and practices practical nursing as defined in this act. Only a practical nurse licensed under the Illinois Nurse Practice Act is entitled to use the title “licensed practical nurse” and the abbreviation “LPN.”

Licensed prescriber: Licensed healthcare providers with the authority to prescribe medication. Prescribers may vary by state and may include physicians, advanced practice nurses, physician assistants, dentists, podiatrists, and optometrists.

Medication audit: A systematic review of all medication administration documentation

Medication error: Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is under the control of the healthcare professional, patient, or consumer. Such events may be related to professional practice, healthcare products, procedures, and systems, including prescribing, order communication, product labeling, packaging, nomenclature, compounding, dispensing, distribution, administration, education, monitoring, and use. Medication errors include incorrect person, incorrect medication, incorrect dose, incorrect time, incorrect route, incorrect or missing documentation, missing dose, and wrong weight.

Medication reconciliation: Process of confirming medication is being taken with orders from a healthcare provider. It includes five steps:

1. Develop a list of current medications
2. Develop a list of medications to be prescribed
3. Compare the medications on the two lists
4. Make clinical decisions based on the comparison
5. Communicate the new list to appropriate caregivers and to the patient

The purpose of integrating this process into medication administration is to identify vulnerabilities that could lead to medication errors and reduce the risk of those errors during patient care transitions.

Non-PEL registered nurse: A person who holds a registered professional nurse license from the Illinois Department of Financial and Professional Regulation, works in a school, and does not have a Professional Educator License (PEL)

Nursing intervention: Any means of treatment that a nurse performs based on clinical nursing judgment or knowledge. An individual or entity shall not mandate that a registered professional nurse delegate nursing interventions if the registered professional nurse determines it is inappropriate to do so. A nurse shall not be subject to discipline or any other adverse action for refusing to delegate a nursing intervention based on patient safety.

Off-label medication: Refers to the use of a drug absent of labeling for a specific age group or for a specific disorder that is not included in the package insert (approved labeling) for that drug

Over the counter: Over-the-counter medication or non-prescription medication, by any route, including topical over-the-counter medication

Parent: Collectively refers to whoever has guardianship over the child

Practical nursing: The performance of nursing interventions requiring nursing knowledge, judgment, and skills acquired by completing an approved practical nursing education program. Practical nursing includes assisting in the nursing process under the guidance of a registered professional nurse or an advanced practice registered nurse. The practical nurse may work under the direction of a licensed “physician assistant, physician, dentist, podiatric physician, or other licensed health care professional” as defined by the Illinois Department of Financial and Professional Regulation.

Professional Educator Licensed school nurse (PEL-SN): A person who holds a PEL as a School Support Personnel-School Nurse PreK-22 and a registered professional nurse license

Registered professional nurse or registered nurse (RN): A person who is licensed as a professional nurse under the Illinois Nurse Practice Act and practices nursing as defined in the Illinois Nurse Practice Act

Rights of safe medication administration: The right person, right medication, right dose, right route, right time, and right documentation

RN with IEP designation: A registered nurse who has completed the requirements under [23 Ill. Adm. Code 226.160](#) to be able to participate in the Individualized Education Program (IEP) process

School nurse: A registered nurse who works in the school setting

Standing order: A prewritten order from a prescriber that authorizes a person or class of people (e.g., paramedics, registered nurses) who are not prescribers to administer a medication in a specific circumstance

Stock medications: A supply of medications that can be used for multiple people or students, including undesignated medications. In schools, stock medications may include emergency medications or over-the-counter medications.

Unlicensed personnel: Individuals who are not licensed as healthcare professionals, including certified nursing assistants (CNAs), health aides, health techs, secretaries, clerks, teachers, principals, and other personnel who may assist in the health office

General Policy Guidance

Under [105 ILCS 5/10-22.21b](#), it is the policy of the state to discourage schools from administering medication to students during regular school hours and during school-related activities unless it is “absolutely necessary” for a student’s health and well-being. However, a school district must allow any student with an Asthma Action Plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, a Diabetes Care and Management Plan in accordance with [105 ILCS 145/](#), a Seizure Action Plan in accordance with [105 ILCS 150/](#), a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to the federal Individuals with Disabilities Education Act (IDEA) to be administered, or be able to self-administer, any medication required under those plans if:

1. The school has received written authorization from the student’s parent or legal guardian;
2. The school has received the appropriate authorization from a physician, physician assistant, and/or advanced practice registered nurse; and
3. There is a properly labeled medication container.

In line with the provision above and the definitions of “drug” and “medicine” under the [Illinois Pharmacy Practice Act](#), the school district’s medication administration policy should state that the use of all

prescription and nonprescription medicines by a student, including self-administration if applicable, require (1) written authorization (medical order) from the student's healthcare provider (e.g., a physician, physician assistant, and/or advanced practice registered nurse); and (2) written consent of the parent or legal guardian. See also [410 ILCS 210/2](#).

Practice and Policy Recommendations

Storage of Medications

For prescription medications, the school district's medication administration policy should state that the medication must be in an original, properly labeled container, labeled by the pharmacy with the name of the student, name of the drug, dosage and instructions, and name of the pharmacist and contact information. For over-the-counter medications, the policy should state that the medication must be in the original manufacturer container. Medical cannabis must be stored with the school nurse. Refer to [ISBE's School Health webpage](#) for additional information regarding medical cannabis.

Administration of Medications

The medical administration policy of the school district should state that the school district may elect, on a case-by-case basis, to allow a parent or guardian or other adult family member to directly give the student legal medication as if they were doing so at home. It is recommended that districts address the administration of alternative medications, such as dietary supplements and herbal and homeopathic medications. Per the American Academy of Pediatrics, such medications are not regulated by the FDA for safety and effectiveness. If a district deems such administration allowable, it is recommended that administration only be allowed with an order from a provider with prescriptive rights (e.g., physician, physician assistant, and/or nurse practitioner).

In their policies, districts should also address experimental drugs, drug trials, and medications administered in doses more than manufacturers' recommendations.

Emergency medications should always be readily available for immediate access. School nurses or trained personnel may carry undesignated epinephrine, opioid antagonists, glucagon, or asthma medications on their person while in school or at a school-sponsored event.

The policy shall clearly address the practice of self-administration of other medication in alignment with [105 ILCS 5/10-22.21b](#) and [105 ILCS 5/22-30](#) as required for any student who is authorized to self-administer under an Asthma Action Plan, an Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, a Diabetes Care and Management Plan in accordance with [105 ILCS 145/](#), a Seizure Action Plan in accordance with [105 ILCS 150/](#), a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to Individuals with Disabilities Education Act (IDEA), keeping in mind the safety and well-being of all students, weighing the pros and cons, and considering district liability of said practice.

Medication Administration Authorization Form

In the event of a change in medication or dosage, a new signed authorization form shall be required before the medication can be administered.

It is recommended that the Medication Administration Authorization Form include:

1. The name of the child
2. The name of the parent(s) or guardian(s) and relationship to the child
3. The name, professional title, and signature of the prescriber granting permission for medication administration
4. The dates treatment shall begin and end
5. The name of the prescribed medication
6. The dose to be administered
7. The route of administration
8. The number of days to be administered
9. The time of day the medication is to be given
10. The reason medication is needed
11. Possible side effects of the medication
12. Any known drug allergies
13. Special requirements or instructions for administration, such as “take with food” or “crush pill and administer with applesauce”
14. Any special storage instructions
15. A section acknowledging signed parental/guardian understanding of the district’s medication policies and safety requirements

Medication Order Validity Period

It is recommended that medication administration authorization remain current for one school year. The policy should state the time frame during which the parent(s) or guardian(s) request and the prescriber’s orders are valid. Please note: Under the [Illinois Pharmacy Practice Act](#), with the exception of controlled substances, prescriptions *may* remain valid for 15 months; however, because they are typically only valid for one year, districts may find it beneficial to request a new Medication Administration Authorization Form at the start of the school year and should consider school-related activities that begin and end outside of the school year (e.g., extracurricular activities and other school-related events) to ensure prescriptions are always current.

Additional Suggestions

1. The policy should state whether a student is subject to disciplinary action for violating a school’s medication policies.
2. The policy should state whether the district maintains undesignated medications, identify which medications are authorized to be kept in stock, and establish requirements for obtaining,

maintaining, and renewing standing orders or prescriptions necessary to stock and administer those medications.

3. The policy should address steps that will occur as a result of medication errors, including notification of medical providers, parents, and administration.
4. The policy should address how medication administration will occur during activities outside of regular school locations (e.g., field trips, during sporting and other extracurricular activities) within the parameters of the delegation provisions within the Illinois Nurse Practice Act ([225 ILCS 65/50-75](#)) and in alignment with [105 ILCS 5/10-22.21b](#).
5. The policy should state what will be done with unused medication, including controlled substances, following the school year or term. Any student medication that remains after the treatment period or school year should be personally retrieved by the parent/guardian/designated adult or properly disposed of if not retrieved within a specified time (with notification to the parent prior to and upon disposal).
6. Medication discarded by school staff should be witnessed and documented accordingly and in alignment with [210 ILCS 150/](#) and according to the acceptable practices outlined by the [Illinois Environmental Protection Agency](#).
7. The policy should detail procedures related to the daily counting and logging of the administration of medications classified as “controlled substances,” as defined by [21 CFR 1300.01](#). For example:
 - a) All controlled substances are counted and recorded upon arrival at school in the presence of the parent, guardian, or designee who is delivering the medication. The staff member who makes and records the count and the parent or guardian should sign the medication log attesting to the entry.
 - b) Each dose of the controlled substance that is administered is recorded and subtracted from the total count remaining.
 - c) Discrepancies between what has been documented as administered and the amount remaining are reported immediately upon discovery. For more information, please see the [Medication Errors](#) section of this guidance.
8. The policy should be made available in as many formats and languages as possible to ensure that all parents, students, and staff have an opportunity to be informed of the medication policy.

Specific Topics

Self-Administration of Asthma Medication

Under [105 ILCS 5/10-22.21b\(c\)](#) and [105 ILCS 5/22-30\(b\)](#) and notwithstanding any other provision of law, a school district must allow any student with an Asthma Action Plan, an Individual Health Care Action Plan, an Illinois Food Allergy Emergency Action Plan and Treatment Authorization Form, a plan pursuant to Section 504 of the federal Rehabilitation Act of 1973, or a plan pursuant to IDEA to self-administer any

medication required under those plans if the student's parent or guardian provides the school district with:

1. Written permission for the student's self-administration of medication; and
2. Written authorization from the student's physician, physician assistant, or advanced practice registered nurse for the student to self-administer the medication.

A parent or guardian also must provide to the school district the prescription label for the medication, which must contain the name of the medication, the prescribed dosage, and the time(s) at which or the circumstances under which the medication is to be administered. Information received by a school district under this subsection shall be kept on file in the office of the school nurse or, in the absence of a school nurse, the school's administrator. If it is expected that the school nurse is to administer the asthma medication, all medication documentation policies above shall apply including the requirement of a medication administration authorization form.

In addition, each school district must adopt an emergency action plan for a student who self-administers medication. The plan must include both of the following:

1. A plan of action in the event a student is unable to self-administer medication
2. The situations in which a school must call 911

Undesignated Asthma Medication

A stock supply of undesignated asthma medication may be administered to people experiencing respiratory distress as permitted by Illinois School Code ([105 ILCS 5/22-30](#)) and aligned with [23 Ill. Adm. Code 1.540](#). Each Illinois school district, public school, charter school, or nonpublic school that has a supply of undesignated asthma medication must establish a written protocol, notify parents of the school having a supply of undesignated asthma medication, and include a training plan for school personnel. A parent's or guardian's failure to sign and return the notification under 105 ILCS 5/22-30(b)(1) shall not preclude a school nurse or other trained personnel from administering asthma medication under the circumstances described in 105 ILCS 5/22-30(e-15). See [23 Ill. Admin. Code 1.540\(b\)\(2\)](#).

With each administration of undesignated asthma medication under this guidance, the [Undesignated Medication Use Reporting form](#) must be submitted to ISBE within three days of the incident that necessitated its use. The individual who administered the medication shall be the one to complete the reporting document; however, if this is not possible, the building administrator shall complete the reporting document.

Any Illinois school may obtain a medical order for quick relief asthma medication, including albuterol or other short-acting bronchodilators that are delivered through a metered dose inhaler with a reusable or disposable spacer or a nebulizer with a mouthpiece or mask. Schools may maintain a supply of the drug and have trained personnel to recognize and respond to a person experiencing respiratory distress.

ISBE shall submit a report to the General Assembly by Oct. 1 of each year regarding the frequency and circumstances of undesignated asthma medication administration in the preceding academic year and publish the report online.

Epinephrine Delivery System

Illinois School Code ([105 ILCS 5/22-30\(b\)](#)) requires all schools, whether public, charter, or nonpublic, to permit the self-administration and self-carry of epinephrine medication by a pupil, provided that the parents or guardians of the pupil provide the school with written authorization from the pupil's physician, physician assistant, or advanced practice registered nurse, and a written statement from the pupil's physician, physician assistant, or advanced practice registered nurse containing the name and purpose of the epinephrine delivery system, the prescribed dosage, and the time(s) at which or the special circumstances under which the epinephrine is to be administered.

School districts, public schools, charter schools, or nonpublic schools may maintain a supply of undesignated epinephrine in any secure location that is accessible before, during, and after school where an allergic person is most at risk, including, but not limited to, classrooms and lunchrooms.

A school district, public school, charter school, or nonpublic school that maintains a supply of undesignated epinephrine or has an independent contractor providing transportation to students who maintains such a supply must report that information to ISBE upon adoption or change of a policy in a manner as prescribed by ISBE. Each Illinois public and nonpublic school that has a supply of undesignated epinephrine must establish a written protocol, notify parents of the school having a supply of undesignated epinephrine, develop an allergy reduction plan to reduce the risk of exposure to allergens, and include a training plan for school personnel. A parent's or guardian's failure to sign and return the notification under 105 ILCS 5/22-30(b)(1) shall not preclude a school nurse or other trained personnel from administering undesignated epinephrine under the circumstances described in 105 ILCS 5/22-30(e-5). See [23 Ill. Admin. Code 1.540\(b\)\(2\)](#).

With each administration of undesignated epinephrine under this guidance, the [Undesignated Medication Use Reporting form](#) must be submitted to ISBE within three days of the incident that necessitated its use. The individual who administered the medication shall be the one to complete the reporting document; however, if this is not possible, the building administrator shall complete the reporting document.

Further, ISBE shall submit a report to the General Assembly by Oct. 1 of each year identifying the frequency and circumstances of undesignated epinephrine administration in the preceding academic year and publish the report online. The report shall also contain information on which school districts, public schools, charter schools, and nonpublic schools maintain or have independent contractors providing transportation to students who maintain a supply of undesignated epinephrine.

Opioid Antagonists

[Public Act 103-0348](#) states that a school district, public school, charter school, or nonpublic school must maintain a supply of an opioid antagonist, unless there is shortage. The opioid antagonist is defined as a

drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration, and is delivered either by injection or nasal spray. Each Illinois public and nonpublic school that has a supply of an undesignated opioid antagonist must establish a written protocol, notify parents of the school having a supply of an undesignated opioid antagonist, and include a training plan for school personnel. A parent's or guardian's failure to sign and return the notification under subsection 105 ILCS 5/22-30(b)(1) shall not preclude a school nurse or other trained personnel from administering an opioid antagonist under the circumstances described in 105 ILCS 5/22-30(e-10). See [23 Ill. Admin. Code 1.540\(b\)\(2\)](#).

With each administration of undesignated opioid antagonist under this guidance, the [Undesignated Medication Use Reporting form](#) must be submitted to ISBE within three days of the incident that necessitated its use. The individual who administered the medication shall be the one to complete the reporting document; however, if this is not possible, the building administrator shall complete the reporting document.

ISBE shall submit an annual report regarding the frequency and circumstances of the use of opioid antagonists in the preceding academic year to the General Assembly and the Illinois Department of Public Health by Oct. 1 of each year and shall publish the report online.

Undesignated Glucagon

[Public Act 104-0655](#), which authorizes schools to maintain and administer undesignated glucagon under Section 22-30 of the School Code, takes effect Jan. 1, 2027. According to the act, a school district, public school, charter school, or nonpublic school may authorize a school nurse or trained personnel to provide undesignated glucagon to any personnel authorized under a student's Individual Health Care Action Plan, in accordance with the student's prescriber's order or Section 504 plan, IEP, or other written accommodations plan, to administer glucagon to the student; and to administer undesignated glucagon to a student in accordance with the student's prescriber's order, Individual Health Care Action Plan, Section 504 plan, IEP, or other written accommodations plan that authorizes the use of glucagon.

For purposes of this Section, "undesignated glucagon" means a glucagon rescue therapy approved by the U.S. Food and Drug Administration and prescribed in the name of a school district, public school, charter school, or nonpublic school for the treatment of severe hypoglycemia in a dosage form that can be rapidly administered in an emergency, including prefilled or nasally administered glucagon.

Each Illinois public and nonpublic school that has a supply of undesignated glucagon must establish a written protocol, notify parents of the school having a supply of undesignated glucagon, and include a training plan for school personnel. Administration of undesignated glucagon is also allowed under the [Care of Students with Diabetes Act](#). According to this act, a school nurse or delegated care aide may administer undesignated glucagon if he or she is authorized to administer the undesignated glucagon through a student's diabetes care plan and if the student's prescribed glucagon is not available on-site or

has expired. Both [105 ILCS 5/22-30](#) and the [Care of Students with Diabetes Act](#) are to be considered in the administration of undesignated glucagon. School nurses and trained personnel may carry undesignated glucagon on their person while in school or at school-sponsored activities.

When undesignated glucagon is administered, the school must, within 24 hours, notify the student's parent, guardian, or emergency contact, if known, and the physician, physician assistant, or advanced practice registered nurse who provided the standing protocol and prescription for the undesignated glucagon.

With each administration of undesignated glucagon under this guidance, the [Undesignated Medication Use Reporting form](#) must be submitted to ISBE within three days of the incident that necessitated its use. The individual who administered the medication shall be the one to complete the reporting document; however, if this is not possible, the building administrator shall complete the reporting document.

The school district, public school, charter school, or nonpublic school may maintain a supply of undesignated glucagon in any secure location that is accessible before, during, or after school where a person is most at risk, including, but not limited to, a classroom or the nurse's office. A physician, a physician assistant who has prescriptive authority under Section 7.5 of the Physician Assistant Practice Act of 1987, or an advanced practice registered nurse who has prescriptive authority under Section 65-40 of the [Nurse Practice Act](#) may prescribe undesignated glucagon in the name of the school district, public school, charter school, or nonpublic school to be maintained for use when necessary. Any supply of undesignated glucagon must be maintained in accordance with the manufacturer's instructions.

ISBE shall submit a report to the General Assembly on or before Oct. 1, 2027, and every year thereafter regarding the frequency and circumstances of undesignated glucagon administration in the preceding academic year and publish the report online.

Diabetes

The [Care of Students with Diabetes Act](#) requires a current diabetes care plan to be submitted to the school at the beginning of the school year; upon enrollment, as soon as practical following a student's diagnosis; or when a student's care needs change during the school year, for any student with diabetes who seeks assistance with diabetes care in the school setting. The act allows a student to independently manage his/her diabetes within a school building, on school grounds, or at any school-related activity as authorized by the student's diabetes care plan. The care plan must be signed and submitted by the parent and must include the healthcare provider's instructions regarding diabetes management. In addition, the act allows for a trained delegated care aide to provide disease management support for students. This may be the school nurse or may be another school employee provided that the school employee was trained by a licensed healthcare provider with an expertise in diabetes or a certified diabetic educator. Training for the delegated care aide must be done each time the diabetes action plan changes and at least annually. Separately, this act requires teachers, administrators, and school support personnel to receive training in the basics of diabetes care, including how to identify when a student with diabetes needs immediate or emergency medical attention and whom to contact in the case of an

emergency. An information sheet shall be provided to any school employee who transports a student for school-sponsored activities.

Medical Cannabis

[Ashley's Law](#) describes the requirements for administration of medical cannabis by a trained school nurse, school administrator, or designated caregiver, typically a parent or guardian, or the self-administration under the supervision of the above listed individuals.

Prior to the administration of a medical cannabis-infused product, a school nurse or school administrator must annually complete the ISBE training curriculum and submit proof of its completion to the school's administration. An annual training webinar is available under the Training Opportunities drop-down on [ISBE's School Health webpage](#).

Epilepsy

The [Illinois Seizure Smart School Act](#) requires appropriate training of all school employees in the basics of seizure recognition and first aid and appropriate emergency protocols. In a school in which at least one student with epilepsy is enrolled, a delegated care aide must be trained to perform the tasks necessary to assist the student in accordance with his or her seizure action plan. This may be the school nurse or another school employee who has voluntarily agreed to serve in that role and who was trained by a licensed healthcare provider with an expertise in epilepsy or an epilepsy educator who successfully completed the relevant curricula offered by the Centers for Disease Control and Prevention. If applicable, a seizure action plan must be provided to any school employee who transports a student with epilepsy to a school-sponsored activity.

Psychotropic or Psychostimulant Medication

Under [105 ILCS 5/10-20.36](#) and [105 ILCS 5/34-18.25](#), each school board must adopt and implement a policy that prohibits any disciplinary action based totally or in part on the refusal of a student's parent or guardian to administer or consent to the administration of psychotropic or psychostimulant medications to students. In addition, the policy must require the training of certified school personnel and administrators on the current best practices regarding the identification and treatment of attention deficit disorder/attention deficit hyperactivity disorder, the application of nonaversive behavioral interventions, and the use of psychotropic or psychostimulant medication for school-age children.

Sunscreen

In accordance with [410 ILCS 270/](#), also known as the SUNucate Law, a student may possess and use a topical sunscreen product while on school property or at a school-sponsored event or activity without a physician's note or prescription if the product is approved by the United States Food and Drug Administration for over-the-counter use for the purpose of limiting ultraviolet light-induced skin damage. Additionally, a school district may allow school personnel to assist students or participants in applying a topical sunscreen product with parental permission. Except for willful or wanton misconduct, school

personnel may not be held liable in a criminal or civil action for application of a topical sunscreen product if the topical sunscreen product is available to and used by the student.

Delegation and Scope of Work

Illinois Nurse Practice Act

The [Illinois Nurse Practice Act](#) provides regulatory authority over the practice of professional and practical nursing in the state of Illinois to protect the health, safety, and welfare of the public. It outlines standards for education, scope of practice, types of licenses and their requirements, and the grounds for disciplinary action, violations, and possible remedies.

Nursing Delegation by a Registered Professional Nurse

[Section 50-75](#) of the Illinois Nurse Practice Act authorizes a registered professional nurse to delegate nursing interventions to other registered professional nurses, licensed practical nurses, and other unlicensed personnel based on a comprehensive patient assessment that includes, but is not limited to (a) the stability and condition of the patient, (b) the potential for harm, (c) the complexity of the nursing intervention to be delegated, (d) the predictability of outcomes, and (e) the competency of the individual to whom the nursing intervention is delegated. This section also authorizes a registered professional nurse to:

1. Delegate medication administration to other licensed nurses
2. Delegate the administration of medications (limited to oral or subcutaneous dosage and topical or transdermal application) to unlicensed personnel if all the conditions for delegation set forth in this section are met
3. Refuse to delegate, stop, or rescind a previously authorized delegation

This section prohibits:

1. Mandating that a registered professional nurse delegate interventions if the registered professional nurse determines it is inappropriate to do so
2. A registered professional nurse from delegating nursing judgement, the comprehensive patient assessment, the development of a plan of care, and the evaluation of the care to licensed or unlicensed personnel
3. A licensed practical nurse or unlicensed personnel who has been delegated a nursing intervention from re-delegating a nursing intervention

Recall that the [Care of Students with Diabetes Act](#), [Seizure Smart School Act](#), and [105 ILCS 5/22-30](#) also give authority to administer medications and provide care to either “trained personnel” or “delegated care aides.” See the Care of Students with Diabetes Act, Seizure Smart School Act, and 105 ILCS 5/22-30 for additional information.

Fieldtrips and/or Out of District Medication Guidance

It is recommended that the school district's medication administration policy include provisions addressing medication administration during school-sponsored field trips and other off-campus activities in accordance with school sponsored activities language included in the [Care of Students with Diabetes Act](#), [Seizure Smart School Act](#), [105 ILCS 5/10-22.21b](#) and [105 ILCS 5/22-30](#). Medication administration during school-sponsored trips is recommended to follow the same standards and procedures established for medication administration within the school setting. Additionally, schools must ensure that medication administration practices during field trips and other off-campus activities do not impede a student's ability to participate. Consistent with the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. §§ 1400-1482) and Section 504 of the Rehabilitation Act (29 U.S.C. § 794), students with disabilities must be afforded an equal opportunity to participate in all school-sponsored activities, including field trips and extracurricular programs. A student's need for medication administration, nursing services, or health-related supports may not be used as the sole basis to deny a student's participation in these activities.

Medication Storage, Transport, and Documentation During Field Trips

Storage and Transportation Considerations

Any medication taken on a field trip shall remain in its original, properly labeled container bearing the student's name and prescription information, when applicable. Zip-top/resealable bags, envelopes, or other unlabeled containers shall not be used to store or transport loose student medications. The above-listed containers may be used to consolidate multiple properly labeled medications. Any repackaging or redistribution of medication from the currently held inventory is not permitted, as such activities constitute the practice of pharmacy as defined in Section 3 of the Illinois Pharmacy Practice Act and must be performed by a licensed pharmacist ([225 ILCS 85/3](#)). To avoid this issue, schools may request that parents or guardians provide appropriately labeled medication for the field trip from their home inventory. Medications must remain in the custody of the school nurse, administrator, or school employee throughout the field trip to ensure proper storage, administration, accountability, and protection of student health information in accordance with [FERPA](#).

Please refer to the medication manufacturer's guidelines regarding proper medication temperature, light restrictions, or other considerations. If the medication is light-sensitive, it is best practice to keep the medication in its original container. Any temperature sensitive medication (e.g. epinephrine) shall be stored in a temperature-regulated space. If the field trip is located where temperature regulation may be a concern, special storage shall be considered.

Controlled Substances

For controlled substances as defined by [21 CFR 1300.01](#), districts should implement procedures to ensure appropriate security, accountability, counting, administration, and documentation of the medication before, during, and after the field trip. When only a single dose or a limited number of doses is needed for the duration of the trip, districts may request that the parent/guardian obtain from the pharmacy medication in a separate, properly labeled prescription container prepared specifically for field trip use in accordance with the [Illinois](#)

[Pharmacy Practice Act](#) . School personnel should not repackage, transfer, or redistribute controlled substances from the medication inventory maintained by the school. Any administration of medication during the trip shall be documented in accordance with district policy and applicable law.

Emergency medications

In accordance with [105 ILCS 5/10-22.21b](#), and [105 ILCS 5/22-30](#), all emergency medications shall be readily accessible during field trips and other school sponsored activities to ensure prompt administration when needed. School nurses or appropriately trained personnel may carry undesignated epinephrine, opioid antagonists, glucagon, or asthma medications on their person while at school or during school-sponsored activities, as permitted by law and district policy. The transport and possession of these emergency medications for immediate use shall not be considered medication repackaging or distribution as defined in Section 3 of the Illinois Pharmacy Practice Act ([225 ILCS 85/3](#)), as long as the medications remain in their original manufacturer or pharmacy-dispensed containers and are maintained for emergency administration in accordance with applicable law.

Notification Timeframe

To ensure proper staffing, planning, and compliance with medication policies and administration requirements, timely notification of the field trip shall be provided to the school nurse. Additional advance notice should be provided for overnight, extended duration, or out-of-state field trips to allow sufficient time for assessment of student health needs, medication planning, delegation considerations, and staffing arrangements.

Under the [Illinois Nurse Practice Act](#) and the rules governing that Act ([68 Ill. Adm. Code 1300](#)), nurses may only practice under the scope of their licensure in states where they hold an active license or are otherwise authorized to practice. Nurses participating in out-of-state field trips should ensure compliance with applicable nursing licensure requirements of the destination state. When planning field trips outside of Illinois, the district should verify in advance whether the assigned nurse holds the appropriate licensure or temporary authorization required by the destination state.

Delegation

The district's delegation policy shall apply to school sponsored activities regardless of the location in which health services are provided. Consistent with Section 50-75 of the Illinois Nurse Practice Act ([225 ILCS 65/50-75](#)), the registered professional nurse retains the authority and professional responsibility to determine whether a nursing intervention or medication administration may be safely delegated. Consideration must also be given to [105 ILCS 5/10-22.21b](#), which states that under no circumstances shall teachers or other non-administrative school employees be required to administer medication to students.

Nothing in district policy shall require a registered professional nurse to delegate a medication or nursing intervention when, in the nurse's professional judgment, delegation is not appropriate based on the student's

health status, the complexity of care, the potential for harm, the predictability of outcomes, the field trip environment, the availability of emergency resources, or the competency of available personnel.

When a registered professional nurse determines that medication administration or other required health services cannot be safely delegated for a school-sponsored field trip or activity, the district should consider providing nursing coverage for the student during the event. In such circumstances, it may be appropriate for a licensed nurse to accompany the student on the field trip or school sponsored activity to ensure the student's health, safety, and access to required medical services. The need for nursing attendance shall be determined on an individualized basis and documented in accordance with district policy and applicable state law. Where applicable, the provisions of the [Care of Students with Diabetes Act](#), [Seizure Smart School Act](#), and [105 ILCS 5/22-30](#) shall continue to govern the authority of trained personnel or delegated care aides to provide care and administer medications during school-sponsored activities and field trips.

Scope of Work for School Nurses

Registered Nurse Scope of Practice

[68 Ill. Adm. Code 1300.360](#) defines the scope of a registered nurse's practice to include objectives like:

- The development and implementation of a nursing plan of care
- The facilitation of nursing interventions
- The delegation of nursing interventions to implement the plan of care
- Advocating for the patient
- The administration of medication
- Evaluation of patient progress
- Communicating effectively in all areas of practice
- Participating in continuous professional development
- Providing health education and counseling
- Integrating evidence and research findings into practice
- Using resources to plan, provide, and sustain evidence-based nursing that is safe and effective

Standards for School Support Personnel Services

[23 Ill. Adm. Code 1.760](#) defines the qualifications of a school nurse, requires school boards to verify proper licensure of school nurses, and requires school boards to maintain job descriptions for its nurses in compliance with [Section 10-22.23](#) of the School Code and [Section 50-10](#) of the Nurse Practice Act. This section also states that "[t]he duty to provide registered professional nursing practices, as defined in Section 50-10 of the Nurse Practice Act, shall not be included among the

functions assigned to any school district personnel not covered by the job description required for school nurses.”

Standards for School Nurses

[23 Ill. Adm. Code 23.120](#) details the knowledge and performance indicators of the school nurse with a professional educator license as related to:

- a) Content knowledge
- b) Human development and learning
- c) Diversity
- d) Assessment and evaluation
- e) Planning and intervention
- f) Service delivery
- g) Learning environment
- h) Communication
- i) Collaborative relationships
- j) Professional conduct and ethics
- k) Reflection and personal growth
- l) Leadership and advocacy

Personnel Required to be Qualified

[23 Ill. Adm. Code 226.800](#) provides that program assistants, paraprofessionals, and other unlicensed personnel providing services in special education must work under the supervision of qualified professional staff. The rule also makes clear that paraprofessionals, aides, teachers, administrators, and other unlicensed personnel are not authorized to perform nursing activities as defined by the Illinois Nurse Practice Act, including procedures that require a medical order, unless allowed by state law.

Under the [Illinois Nurse Practice Act](#) and the rules governing that Act ([68 Ill. Adm. Code 1300](#)), the registered professional nurse is responsible for deciding whether a nursing task can be delegated and who is qualified to perform it. This decision cannot be made by a principal, special education administrator, teacher, or other school employee. School administrators may not assign nursing tasks to staff based on job title, staffing needs, or administrative convenience.

Some nursing tasks may be delegated by a registered professional nurse when allowed by law and when the individual has the necessary training and competency. Other nursing tasks may only be performed by licensed nursing personnel and cannot be delegated to teachers, paraprofessionals, aides, administrators, or other unlicensed personnel. Any nursing task performed by school staff must comply with all applicable training, licensure, certification, supervision, and competency requirements identified

in state law, administrative rules, and this guidance. Delegation by a nurse does not replace or eliminate any of those requirements.

Federal Laws

The Americans with Disabilities Act

The Americans with Disabilities Act (ADA) prohibits discrimination on the basis of disability in employment, state and local government, public accommodation, commercial facilities, transportation, and telecommunications. A person is protected under the ADA if he/she has a disability, defined by the ADA as a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or a record of such an impairment, or a person who is perceived by others as having such an impairment.

Free and Appropriate Education

“Free appropriate public education” (FAPE) is a term that describes the educational rights of children with disabilities in the United States. These rights are guaranteed by Section 504 of the Rehabilitation Act of 1973 and IDEA. The Section 504 regulation requires a school district to provide a FAPE to each qualified person with a disability who is in the school district’s jurisdiction, regardless of the nature or severity of the person’s disability.

The Family Educational Rights and Privacy Act

The Family Educational Rights and Privacy Act (FERPA) is a federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children’s education records. Those rights transfer to the student when he or she reaches the age of 18 or attends a school beyond the high school level.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule allows covered healthcare providers to disclose protected health information about students to school nurses, physicians, or other healthcare providers for treatment purposes, without the authorization of the student or the student’s parent. In most cases, the HIPAA Privacy Rule does not apply to an elementary or secondary school because the school either: (1) is not an entity covered by HIPAA, or (2) is an entity covered by HIPAA but maintains health information only on students in records that are by definition “education records” under FERPA and, therefore, is not subject to the HIPAA Privacy Rule. Also note that school-based health centers or other health providers that contract with the school district and provide services within the school building may have other privacy guidelines that may not apply to the school/district.

Individuals with Disabilities Education Act

IDEA is a law that makes available a free appropriate public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children. IDEA

requires schools to develop Individualized Education Programs (IEPs) for all students who qualify as having a disability, including an intellectual disability, a hearing impairment, deafness, a speech or language impairment, a visual impairment (including blindness), a serious emotional disturbance, an orthopedic impairment, autism, traumatic brain injury, “other health impairment” (e.g., limited alertness due to other conditions), a specific learning disability, deaf-blindness, or “multiple disabilities.”

Section 504 of the Rehabilitation Act of 1973

Section 504 is a federal law designed to protect the rights of individuals with disabilities in programs and activities that receive federal financial assistance from any federal department or agency (e.g., the U.S. Department of Education), as well as in programs conducted by federal agencies ([29 U.S.C. 794\(a\)](#)). To be protected under Section 504, a student must be determined to:

1. Have a physical or mental impairment that substantially limits one or more major life activities, or
2. Have a record of such impairment, or
3. Be regarded as having such an impairment

A student may be eligible for accommodations under Section 504 of the Rehabilitation Act of 1973. When a student requires accommodations related to medication administration or self-administration, those accommodations should be documented in the student’s Section 504 Plan. The plan should clearly identify the accommodation needed, the personnel responsible for implementation, and any procedures necessary to ensure the student’s safe participation in school programs and activities.

Procedures and Protocols Related to Medication Administration

District policies should be implemented through written procedures and protocols following the guidance set forth in legislation, the [Illinois Nurse Practice Act](#), and standard medical practice. Districts are encouraged to create policies with stakeholder involvement and in consultation with their legal representation. Such procedures should address some of the following topics:

- Storage of medication
- Forms for parents and for medical providers
- Disposal of unused medication
- Reporting, documentation, and follow-up on medication errors
- Procedures to ensure that the “rights” of medication administration are followed

The protocol and procedures should maintain consistency across the schools within the school district as much as possible.

The Nursing Rights of Medication Administration

The [Nursing Rights of Medication Administration](#) include:

- Right patient

- Right drug
- Right route
- Right time
- Right dose

Medication Errors

The National Coordinating Council for Medication Error Reporting and Prevention defines a medication error as “any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient, or consumer.” School districts, as in any other patient setting, are not immune to medication errors.

Medication errors occur for various reasons. A medication error is any failure to properly administer a medication at any of these steps: correct student, drug, dosage, route, and time. A missed dosage of medication is the most common error in schools; they often occur because the student does not report to receive the medication.

Schools should establish a protocol for the reporting of medication errors and use the reported information to prevent any future errors.

For example:

1. All medication errors made by school staff should be documented on the student’s medication administration record and a district-authorized report form should be completed.
2. A written notification should be provided to the student’s parent/guardian detailing the error and the outcome (e.g., how the wrong drug or dose affected the student and what was done to correct the effect, or if no effect was noted).
3. The student’s licensed prescriber or healthcare provider should also be notified, as necessary.
4. A poison hotline may be consulted.
5. If the error was one of omission (missed dose), establish a procedure of notifying a teacher or student that the time has passed if the student has not arrived within a reasonable time after the approximate time that the drug is scheduled to be administered.
6. If the error was an extra dose (e.g., one school staff did not know that the medication had already been administered by another school staff), designate a primary staff member for giving a particular student his or her medication, establish a recordkeeping system that immediately records that a medication has been given, and encourage students to not accept medications that they question.
7. Following any error, an evaluation of the incident should be conducted by the district or school RN and school administration to avoid repetition of the error with this student or any other.

Additional considerations are required if a discrepancy is identified between the quantity of a controlled substance documented as administered and the quantity remaining. This may require initiating immediate reconciliation and investigation upon discovery.

Personnel are encouraged to follow their school or district policies and procedures regarding medication errors, medication discrepancies, incident reporting, and notification processes. Appropriate individuals shall be notified in accordance with school or district policy and may include the following, as applicable:

- The school nurse, if the discrepancy is identified by delegated personnel
- The building principal or designated administrator
- The superintendent or the superintendent's designee, in accordance with district policies and procedures regarding medication errors, controlled substance discrepancies, and incident reporting
- Local law enforcement authorities when diversion, theft, tampering, unauthorized access, or other criminal activity is suspected or confirmed
- The Illinois Department of Financial and Professional Regulation when the incident involves a licensed healthcare professional and there is reason to believe a violation of professional standards, professional misconduct, or unlawful handling of controlled substances may have occurred
- The prescribing healthcare provider and/or dispensing pharmacy, as appropriate, to assist in the reconciliation of records, assessment of potential patient impact, and implementation of measures necessary to ensure the continued safety and treatment of the student

Medication, Storage, Safety, and Security

Student Safety

Schools should not give a student a drug for the first dose due to the possibility of unexpected allergic reactions or adverse side effects.

Storage of Medication

Medications, apart from medication designated for self-carry, should be stored securely in accordance with the manufacturer's directions, according to the recommendations of the American Academy of Pediatrics.

1. Emergency medication that may need to be given immediately, including epinephrine, asthma inhalers, and opioid antagonists, should be "secure" but not locked. A "breakaway" lock may be used, but it should not require someone to find a key. If a student is authorized to self-carry and self-administer, the medication should be secure on his or her person (e.g., in a backpack, belt, pocket, fanny pack, pocket, or lanyard). Emergency medications should always be readily available for immediate access. A school nurse or trained personnel may carry undesignated

epinephrine, opioid antagonists, glucagon, or asthma medications on his or her person while in school or at a school-sponsored activity. See [105 ILCS 5/22-30](#).

2. Medications that are not normally used for emergency events should be stored in a separate locked drawer or cabinet away from other supplies, items, or food. Access should be available only to authorized school staff.
3. Medication requiring refrigeration should be kept in a secured refrigerator separate from food products and away from school staff who do not have responsibility for administering the medication.
4. Controlled substances must be double-locked. Those responsible for administration of such medications shall have access during school hours and during school-related activities.
5. Medical cannabis must always be stored with the school nurse in a manner consistent with storage of other student medications at the school and may be accessible only by the school nurse or school administrator. See [105 ILCS 5/22-33\(b-10\)](#). See additional information regarding medical cannabis (including storage requirements) under the Training Opportunities drop-down on the [ISBE School Health webpage](#).
6. The school nurse should regularly inspect medications, both student-specific and stock supply, for expiration dates.

Security

All medication should be transported to the school by an adult and handed to another adult. A regular accounting (count) shall be maintained of any controlled substance prescribed for any student and for any other drugs. The count should be witnessed by another adult and parent, if possible. The count should be documented on the student's medication administration record or other form.

Resources

A Guide to Disability Rights Laws. (n.d.). Retrieved March 18, 2020,

from <https://www.ada.gov/cguide.htm#anchor62335>.

About IDEA. (n.d.). Retrieved March 18, 2020, from <https://sites.ed.gov/idea/about-idea/#IDEA-Purpose>.

Administering Medication. (n.d.). Retrieved April 1, 2020,

from <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K10-22.21b>.

Administering Medication at School: Tips for Parents. (n.d.). Retrieved April 26, 2020,

from <https://www.healthychildren.org/English/safety-prevention/at-home/medication-safety/Pages/Administering-Medication-at-Child-Care-or-School.aspx>.

Butler, S. M., Boucher, E. A., Tobison, J., & Phan, H. (2020). Medication Use in Schools: Current Trends,

Challenges, and Best Practices. Retrieved April 5, 2020,
from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6938291/>.

Care of Students with Diabetes Act. (n.d.). Retrieved March 19, 2020,
from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3284&ChapterID=17>.

Center for Drug Evaluation and Research. (n.d.). Drugs. Retrieved April 20, 2020,
from <https://www.fda.gov/drugs>.

Clay, D., Farris, K., McCarthy, A. M., Kelly, M. W., & Howarth, R. (n.d.). Family Perceptions of Medication Administration at School: Errors, Risk Factors, and Consequences - Daniel Clay, Karen Farris, Ann Marie McCarthy, Michael W. Kelly, Robyn Howarth, 2008. Retrieved April 25, 2020,
from <https://journals.sagepub.com/doi/10.1177/10598405080240020801>.

Colorado Department of Education, (2010). Medication Administration in the school setting: Guidelines in the School and Childcare Setting. Retrieved
from <https://www.cde.state.co.us/healthandwellness/medicationadministrationguidelinesaugust2019pdf>.

Compassionate Use of Medical Cannabis. (n.d.). Retrieved March 25, 2020,
from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3503&ChapterID=35>.

Council on School Health. (2009, October 1). Policy Statement-Guidance for the Administration of Medication in School. Retrieved April 20, 2020,
from <https://pediatrics.aappublications.org/content/124/4/1244>.

Council on School Health. (2009, October 1). Policy Statement-Guidance for the Administration of Medication in School. Retrieved March 17, 2020,
from <https://pediatrics.aappublications.org/content/124/4/1244#sec-6>.

Family Educational Rights and Privacy Act (FERPA). (2018, March 1). Retrieved March 20, 2020,
from <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html>.

FDA Consumer Health Information: How to Dispose of Unused Medicines. (n.d.). Retrieved April 20, 2020, from [https://www.fda.gov/files/about_fda/published/How-to-Dispose-of-Unused-Medicines-\(PDF\).pdf](https://www.fda.gov/files/about_fda/published/How-to-Dispose-of-Unused-Medicines-(PDF).pdf).

Good Samaritan Act. (n.d.). Retrieved April 4, 2020,

from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=2076&ChapterID=58>.

Guidelines for the Administration of Medication in School. (2003). *Pediatrics*, 112(3), 697–699. doi: 10.1542/peds.112.3.697.

Hughes, Ronda G. and Blegen Mary A. Medication Administration Safety. In: Hughes RG, editor. Patient Safety and Quality: An Evidence-Based Handbook for Nurses. Rockville (MD): Agency for Healthcare Research and Quality (US); 2008 Apr. Chapter 37. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK2656/>.

Illinois Administrative Code, Section 1.540. (n.d.). Retrieved Aug. 21, 2026

from <https://www.ilga.gov/commission/jcar/admincode/023/023000010E05400R.html>

Illinois Controlled Substances Act. (n.d.). Retrieved Aug. 21, 2026,

From: <https://www.ilga.gov/Legislation/ILCS/Articles?ChapterID=53&ActID=1941&Chapter=CRIMINAL%20OFFENSES&MajorTopic=RIGHTS%20AND%20REMEDIES>

Illinois Pharmacy Practice Act. (n.d.). Retrieved Aug. 21, 2026,

from <https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1318&ChapterID=24>

Illinois Seizure Smart School Act. (n.d.). Retrieved March 25, 2020,

from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=4002&ChapterID=17>.

Local Governmental and Governmental Employees Tort Immunity Act. (n.d.). Retrieved April 24, 2020,

From: <https://www.ilga.gov/legislation/ILCS/details?MajorTopic=&Chapter=&ActName=Local%20Governmental%20and%20Governmental%20Employees%20Tort%20Immunity%20Act.&ActID=2062&ChapterID=58&SeqStart=&&ChapAct=FullText>

Mass.gov. School Health Services: Medication Administration, Sample Policies and Forms. Retrieved

from <https://www.mass.gov/school-health-services-medication-administration>.

Medical Cannabis. (n.d.). Retrieved March 19, 2020,

from <http://ilga.gov/legislation/ilcs/documents/010500050K22-33.htm>.

Medication & Sharps Disposal. (n.d.). Retrieved April 4, 2020,

from <https://epa.illinois.gov/topics/waste-management/waste-disposal/medication-disposal/sharps.html>

Medication Policy. (n.d.). Retrieved April 27, 2020,

from <http://www.ilga.gov/legislation/ilcs/documents/010500050K10-20.14b.htm>.

National Association of School Nurses (2021) - School Nursing Evidence-based Clinical Practice

Guideline: Medication Administration in Schools from: <https://learn.nasn.org/courses/33787>

National Council of State Boards of Nursing. (n.d.). Retrieved from <https://www.ncsbn.org/>.

Nurse Delegation by a Registered Professional Nurse. (n.d.). Retrieved April 5, 2020,

from <http://ilga.gov/legislation/ilcs/ilcs4.asp?DocName=022500650HArt.+50&ActID=1312&ChapterID=24&SeqStart=131000000&SeqEnd=14800000>.

Nurse Practice Act. (n.d.). Retrieved March 16, 2020,

from <https://www.ilga.gov/Legislation/ILCS/Articles?ActID=1312&ChapterID=24&Chapter=PROFESSIONS,%20OCCUPATIONS,%20AND%20BUSINESS%20OPERATIONS&MajorTopic=REGULATION>

Parent and Educator Resource Guide to Section 504 in Public Elementary and Secondary Schools, (n.d.).

Retrieved from <https://www2.ed.gov/about/offices/list/ocr/docs/504-resource-guide-201612.pdf>.

Personnel Required to be Qualified. (n.d.). Retrieved April 5, 2020,

from <http://www.ilga.gov/commission/jcar/admincode/023/023002260I08000R.html>.

Policy statement—guidance for the administration of medication in school. (2009). PEDIATRICS, 124(4),

1244-1251. <https://doi.org/10.1542/peds.2009-1953>.

Psychotropic or Psychostimulant Medication. (n.d.). Retrieved March 19, 2020,

from <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K34-18.25>.

Psychotropic or Psychostimulant Medication. (n.d.). Retrieved March 19, 2020,

from <http://www.ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K10-20.36>.

Reducing the Risk of Skin Cancer and Excessive UV Exposure in Children Act. (n.d.). Retrieved April 25,

2020, from <http://www.ilga.gov/legislation/publicacts/fulltext.asp?Name=100-1176>.

RN Scope of Practice. (n.d.). Retrieved April 20, 2020,

from <http://www.ilga.gov/commission/jcar/admincode/068/068013000C03600R.html>.

Safe Disposal of Medication. (n.d.). Retrieved April 4, 2020,

from <https://www2.illinois.gov/epa/topics/waste-management/waste-disposal/medication-disposal/Documents/medication-disposal-fact-sheet.pdf>.

Safe Pharmaceutical Disposal Act. (n.d.). Retrieved April 5, 2020,

from <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=3121&ChapterID=21>.

School Wellness: School Health Issues. (n.d.). Retrieved April 27, 2020,

from <https://www.isbe.net/Pages/School-Health-Issues.aspx>.

Seizure Action Plan. (n.d.). Retrieved April 20, 2020,

from <http://www.ilga.gov/legislation/ilcs/documents/010501500K15.htm>.

Selekman, J., Shannon, R. A., & Yonkaitis, C. F. (2019). School nursing: a comprehensive text (3rd ed.).

Philadelphia, PA: F. A. Davis Company.

Self-administration and self-carry of asthma medication and epinephrine injectors; administration of undesignated epinephrine injectors; administration of an opioid antagonist; administration of undesignated asthma medication; asthma episode emergency response protocol. (n.d.).

Retrieved August 18, 2022,

from <https://ilga.gov/legislation/ilcs/fulltext.asp?DocName=010500050K22-30#:~:text=22%2D30.,asthma%20episode%20emergency%20response%20protocol>.

Standards for School Nurse. (n.d.). Retrieved April 4, 2020,

from <http://www.ilga.gov/commission/jcar/admincode/023/023000230001200R.html>.

Standards for School Support Personnel Services. (n.d.). Retrieved August 18, 2022,

from <https://www.ilga.gov/commission/jcar/admincode/023/023000010g07600r.html>.

Title 21 Code of Federal Regulations, PART 1300-END. (n.d.). Retrieved August 18, 2022,

from <https://www.ecfr.gov/current/title-21/chapter-II/part-1300?toc=1>.

Title 34 Code of Federal Regulations, Section 300.8. (n.d.). Retrieved on August 18, 2022,

from <https://sites.ed.gov/idea/regs/b/a/300.8>.

Title 21 United States Code (USC) Controlled Substances Act. (n.d.). Retrieved April 21, 2020,

from <https://www.govinfo.gov/content/pkg/USCODE-2014-title21/html/USCODE-2014-title21-chap13-subchapl.htm>.

Title 29 United States Code (USC), Section 794. (n.d.). Retrieved on August 18, 2022,

from <https://www.govinfo.gov/content/pkg/USCODE-2020-title29/pdf/USCODE-2020-title29-chap16-subchapV-sec794.pdf>.



isbe.net