STUDENT MEDICATION AUTHORIZATION FORM

Complete only if student needs medication during school hours

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year.

Student's Name _____ Birth Date _____

School/Teacher _____ Grade _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN, PHYSICIAN ASSISTANT, OR ADVANCED PRACTICE RN (Note: for asthma inhalers only, use the "asthma inhalers" section below):

Name of Medication _____Dosage _____

Frequency _____Dosage Times _____

Date of Prescription _____ Discontinuance Date _____

Diagnosis requiring medication _____

Intended effect of this medication _____

Must this medication be administered during the school day in order to allow the child to attend school or to address the student's medical condition?	May student self-administer medication under supervision of school personnel? (Note that it is the District's policy not to administer medications to students except in emergency situations.)
_____YES _____NO	_____YES _____NO

If this prescription is for an inhaler, should the student carry the inhaler on his/her person?

_____YES _____NO

Instructions for self-administering _____

_____

Emergency conditions under which medications should be administered, including directions for administration by other school personnel _____

_____

Expected side effects, if any _____

Other medications the student is receiving _____

_____

_____ _____

Physician's Signature Physician's Name

_____ _____

Date Address and Phone

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Asthma Inhalers

Parent(s)/Guardian(s) please attach prescription label here:

For only parents/guardians of students who need to carry asthma medication or an epinephrine auto-injector:

I authorize the School District and its employees and agents, to allow my child or ward to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector: (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability, except for willful and wanton conduct, as a result of any injury arising from a student's self-administration of medication or epinephrine auto-injector (105 ILCS 5/22-30).

Please initial below to indicate (a) receipt of this information, and (b) authorization for your child to carry and use his or her asthma medication or epinephrine auto-injector.

_____

Parent/Guardian initials

For all Parents/Guardians:

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize the School District and its employees and agents, in my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors or opioid antagonist to my child when there is a good faith belief that my child is having an anaphylactic reaction or opioid overdose, whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P.A. 99-480). **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than a school nurse and specifically consent to such practices**, and I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

I authorize the school nurse to talk to the prescribing physician by phone about the medication.

_____

Parent/Guardian Printed Name

_____ _____

Parent/Guardian Signature Date

Address (if different from Student's above): _____

Phone _____ Emergency Phone _____