STUDENTS

Exhibit – School Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: ______________________________ Birth Date: ______________

Address: ____

Home Phone: ____________ Cell Phone:____________ Emergency Phone: ______________

School: ______________________ Grade: ______ Teacher: ______________

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority (Note: for asthma inhalers only, use the Asthma Inhalers section below):

Prescriber's Printed Name: ______________________________

Office Address: ______________________________________

Office Phone: ________________ Emergency Phone: ____________________

Medication Name: ______________________________________

Purpose: ____

Dosage: ______________________ Frequency: ____________________

Time medication is to be administered or under what circumstances:

____

Prescription date: ________ Order date: ____________ Discontinuation date: __________

Diagnosis requiring medication: ______________________________

Is it necessary for this medication to be administered during the school day? ☐ Yes ☐ No

Expected side effects, if any: ______________________________

Time interval for re-evaluation: ______________________________

Other medications student is receiving: ______________________

____
Prescriber's signature Date

Asthma Inhalers

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

For only parents/guardians of students who need to carry and use their **asthma medication or an epinephrine** injector:
I authorize the School District and its employees and agents, to allow my child or ward to self-carry and self-administer his or her asthma medication and/or epinephrine 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-carry and self-administration of asthma medication or epinephrine injector (105 ILCS 5/22-30), amended by P.A.s 100-726 and 100-799, eff.1-1-19.

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

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Parent(s)/guardian(s) 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, 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 to my child when there is a good faith belief that my child is having an anaphylactic reaction whether such reactions are known to me or not 105 ILCS 5/22-30, amended by P.A.s 99-480 and both100-726 and 100-799 eff.1-1-19. **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.

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Parent/Guardian Printed Name

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

Home Phone: _____________ Cell Phone:___________________ Emergency Phone: _______________

____

Parent/Guardian Signature Date

Adopted 09-16-97
Revised 12-17-01
Revised 01-16-07
Revised 04-18-11
Revised 06-15-15
Revised 06-18-18
Revised 05-20-19