

School Medication Authorization Form

To be completed by the child's parent(s)/guardians(s). A new form must be completed every school year. Keep in the school health office.

Student's name: _____ Birth date: _____
Address: _____
Home phone: _____ Emergency phone: _____
School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistance, or advanced practice RN:

Physician'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: _____ Discontinue 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: _____

Physician's signature

Date

For only parents/guardians of students who need to carry asthma medication or an EpiPen ®:

I authorize the School District and its employees and agents, to allow my child or ward to possess and use his or her asthma medication and/or 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 medications or epinephrine auto-injector (105 ILCS 5/22-30). **If you agree please initial:** _____

Parent(s)/guardian(s)

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. **I acknowledge that it is 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.

Parent/guardian printed name

Parent/guardian printed name

Parent/guardian signature* Date

Parent/guardian signature* Date

**Both parents and/or guardians, if available, should sign*

Students

Administering Medicines to Students

7:270

Students should not take medication during school hours or during school-related activities unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent/guardian believe that it is necessary for the student to take a medication during school hours or school related activities, the parent/guardian must request that the school dispense the medication to the child and otherwise follow the District's procedures on dispensing medication.

No School District employee shall administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed "School Medication Authorization Form" is submitted by the student's parent/guardian. No student shall possess or consume any prescription or non-prescription medication on school grounds or at a school-related function other than as provided for in this policy and its implementing procedures.

Nothing in this policy shall prohibit any school employee from providing assistance to students, including administering medication.

The Building Principal shall include this policy in the Student Handbook and shall provide a copy to the parents/guardians of students.

Self-Administration of Medication

A student may possess an epinephrine auto-injector (EpiPen®) and/or asthma medication prescribed for use at the student's discretion, provided the student's parent/guardian has completed and signed a "School Medication Authorization Form." The School District shall 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 or the storage of any medication by school personnel. A student's parent/guardian must 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 a student's self-administration of an epinephrine auto-injector and/or medication, or the storage of any medication by school personnel.

School District Supply of Undesignated Epinephrine Auto-Injectors

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of undesignated epinephrine auto-injectors in the name of the District and provide or administer them as necessary according to State law. Undesignated epinephrine auto-injector means an epinephrine auto-injector prescribed in the name of the District or one of its schools. A school nurse or trained personnel, as defined in State law, may administer an undesignated epinephrine auto-injector to a person when they, in good faith, believe a person is having an anaphylactic reaction. This section of the policy is void whenever the Superintendent or designee is, for whatever reason, unable to: (1) obtain for the District a prescription for undesignated epinephrine auto-injectors from a physician or advanced practice nurse licensed to practice medicine in all its branches, or (2) fill the District's prescription for undesignated school epinephrine auto-injectors.

Upon any administration of an undesignated epinephrine auto-injector, the Superintendent or designee(s) must ensure all notifications required by State law and administrative procedures occur. Upon implementation of this policy, the protections from liability and hold harmless provisions as explained in Section 22-30(c) of the School Code apply.

No one, including without limitation parents/guardians of students, should rely on the District for the availability of an epinephrine auto-injector. This policy does not guarantee the availability of an epinephrine auto-injector; students and their parents/guardians should consult their own physician regarding this medication.

LEGAL REF.: 105 ILCS 5/10-20.14b, 5/10-22.21b, and 5/22-30
CROSS REF.: 7:285 (Food Allergy Management)
ADMIN. PROC.: 7:270-AP (Dispensing Medication)
7:270-AP2 (Checklist for District Supply of Undesignated Epinephrine Auto-Injectors)
7:270-E (School Medication Authorization Form)

Adopted March 20, 1997, Rev. May 27, 1999, Rev. August 23, 2001, Rev. November 19, 2009, Rev. February 25, 2016