

MEDICATION AUTHORIZATION AND PERMISSION FORM

HEALTH SERVICES Ph 708-485-2277 Fax 708-246-4370

Teacher/Grade _____

School Year _____

Student's Name _____

Birthdate _____

NAME OF DRUG	DOSAGE	FREQUENCY	TIME TO BE GIVEN AT SCHOOL	DURATION	SIDE EFFECTS

SIGNATURE OF HEALTH CARE PROVIDER _____ DATE _____

(Please Complete Next Section if Student will Self-Carry and Self-Administer Medication)

PRINTED NAME OF HEALTH CARE PROVIDER _____

ADDRESS AND TELEPHONE NUMBER _____

**TO BE COMPLETED IN ADDITION TO ABOVE BY HEALTHCARE PROVIDER FOR STUDENT
AUTHORIZED TO SELF CARRY/SELF-ADMINISTER MEDICATION**

I certify that this student has been instructed in the use and self-administration of the following asthma or epi-injector medication, knows the circumstances under which to use the medication, and the necessity to report to school personnel any unusual side effects. This student is capable of using this medication independently.

MEDICATION _____

SIGNATURE OF HEALTH CARE PROVIDER FOR STUDENT TO SELF-ADMINISTER MEDICATION

_____ DATE _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I give permission for my/our child to receive the above medication(s) as directed by our treating health care provider authorized to prescribe medications (Health Care Provider). The medication will be sent to the school nurse in a container appropriately labeled by the pharmacy and/or manufacturer. I will obtain and provide to the District a written order from our Health Care Provider if the medication dosage is changed or medication is discontinued. I understand that it is the responsibility of my/our child to report to the office at the scheduled time to receive the medication, unless s/he is authorized to self-administer medications in school or otherwise required by the District to be accompanied by an adult. This authorization expires at the end of the 2023-2024 school term or when all of the medications listed herein are discontinued, whichever is first.

PARENT/GUARDIAN SIGNATURE: _____ DATE _____

TELEPHONE HOME _____ WORK/CELL _____

**PARENT NOTICE
ADMINISTRATION OF ASTHMA MEDICATION OR EPINEPHRINE AUTO-INJECTOR – LIMITATIONS
ON LIABILITY**

In accordance with Section 22-30 of the School Code, the Western Springs School District 101 and its board members, employees and agents or their successors, including a physician, physician assistant, or advance practice nurse providing standing protocol or prescription for school epinephrine auto-injectors, are to incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of asthma medication or of an epinephrine auto-injector regardless of whether authorization was given by a student's parents or guardians or by the student's physician, physician assistant, or advanced practice nurse.

Furthermore, the parents/guardians of the student must sign a statement acknowledging their understanding of the above rule and must indemnify and hold harmless the school district, its board members, employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration of asthma medication or of an epinephrine auto-injector regardless of whether authorization was given by a student's parents or guardians or by the student's physician, physician assistant, or advanced practice nurse.

ILLINOIS SCHOOL CODE 105 ILCS 5/10-22.21b requires the following:

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 the federal Individuals with Disabilities Education Act to self-administer any medication required under those plans if the student's parent/guardian provides the school district with written permission for the student's self-administration of medication and written authorization from the student's physician, physician assistant or advanced practice registered nurse for the student to self-administer the medication. A parent/guardian must also provide the prescription label for the medication, which must contain the name of the medication, the prescribed dosage and the time or times at which or the circumstances under which the medication is to be administered.

IT IS STRONGLY RECOMMENDED THAT EXTRA MEDICATION BE KEPT IN THE SCHOOL OFFICE IN CASE OF EMERGENCY.

**TO BE COMPLETED BY PARENT/GUARDIAN OF STUDENT AUTHORIZED TO SELF
CARRY/SELF-ADMINISTER MEDICATION**

"Self-carry" means that the student has the discretion to carry his/her prescribed medication while in school, while at a school-sponsored activity, while under the supervision of school personnel or before or after normal school activities on school-operated property.

"Self-administration" means that the student has the discretion as to the use of his/her prescribed medication while in school, while at a school-sponsored activity, while under the supervision of school personnel or before or after normal school activities on school-operated property. Therefore, as the parent/guardian, I acknowledge and agree that my child, the student, is responsible for having the medication available as needed and affirmatively state that the s/he student has demonstrated competency in the proper way to safely use and store the medication and is able to recognize when additional medical assistance may be necessary, Furthermore, my child is aware of the dangers of and prohibition against sharing his/her medication with others and able of complying with this expectation.

I/we, the parent(s)/guardian(s) of the above student, acknowledge that the Western Springs School ("District 101") and its board members, employees and agents and their successors, shall incur no liability or professional discipline, except for willful and wanton conduct, as a result of any injury arising from the administration of medications to the student or the self-administration of medications by the student, regardless of whether authorization was given by a student's parents or guardians or by the student's physician, physician assistant or advanced practice nurse.

Furthermore, I/we agree to indemnify and hold harmless District 101, its board members, employees and agents and their successors against any and all claims, except a claim based on willful and wanton conduct, arising out of the administration of medication to the student or self-administration of medication by the student, regardless of whether authorization was given by the student's parents or guardians or by the student's physician, physician assistant, or advanced practice nurse.

DATE: _____

PARENT/GUARDIAN SIGNATURE: _____

TELEPHONE HOME _____ WORK/CELL _____

PROCEDURE FOR ADMINISTRATION OF MEDICATIONS AT SCHOOL

Administration of medication is the responsibility of the parent/guardian unless it is absolutely essential to the well being of the student to receive medication during the school day. The following guidelines must be observed when medication (prescription and nonprescription) is to be administered in the school:

1. **A MEDICATION AUTHORIZATION AND PERMISSION FORM** must be on file for each prescription and for each nonprescription (over the counter) medication. The form must be completed in its entirety and signed by the physician and the parent/guardian. This form is valid for one school year, or until the medications listed therein are discontinued, whichever is earlier. stop date. No over the counter (nonprescription) medications will be given without a written statement from the treating physician, advanced nurse practitioner or physician's assistant authorized to prescribe medications, or dentist (Health Care Provider).
2. Medication must be in the original labeled container. The prescription label must be consistent with the medication authorization form. For student safety, it is recommended that the parent/guardian or responsible adult deliver the medication to the school.
3. Changes in medication require a new medication authorization form and medication container.
4. Upon receipt, medication will be counted and documented on the Student Medication Record. Medication will be stored under lock and key when not in use, subject to paragraph 6.
5. Each dose of medication administered will be recorded on the Student Medication Record maintained in the nurse's office. This record as well as the medication authorization form will be filed in the student's temporary Health Record in the building office when the medication authorization form expires or is changed.
6. Only students **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 the federal Individuals with Disabilities Education Act** are allowed to self-administer any medication required under those plans if the student's parent/guardian provides the school district with written permission for the student's self-administration of medication and written authorization from the student's physician, physician assistant or advanced practice registered nurse. A parent/guardian must also provide the prescription label for the medication, which must contain the name of the medication, the prescribed dosage and the time or times at which or the circumstances under which the medication is to be administered. Public Act 101-0205 Section (c)
7. Medication will be destroyed if not picked up within one week following termination of medication authorization form or one week after the close of school, whichever occurs first. Medication will be destroyed in a manner in which it cannot be retrieved and the student information on the medication label cannot be read. Disposal will be documented on the Student Medication Record.
8. The student should be responsible for coming to the Health Office at the appropriate time for the medication. Adult assistance may be provided on a case by case basis as appropriate due to the student's age, disability or other restrictions placed on the student's unsupervised movement during the school day.