

## Central School District #51 Student Medication Authorization Form

This form is to be completed by student's physician and parent for both Over-the-counter and Prescription medication needs administered at school. This form must be renewed at the beginning of every school year.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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 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 below. 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 that School District and its employees and agents against any claims, except to claim based on willful and wanton conduct, arising of the administration or the child's self-administration of medication.

Date	Parent/Guardian Signature	Home Phone	Emergency Phone
<p><i>For parents/guardians of students who need to carry asthma medication or epinephrine auto-injector:</i>            I authorize the School District and its employees and agents, to allow my student to carry and self-administer his/her asthma inhaler/EpiPen : (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 parents/guardians 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). <b>Please initial to indicate receipt of this information and authorize your student to carry and use his/her asthma inhaler/epinephrine auto-injector:</b> _____  <div style="text-align: right;"><i>Initials</i></div></p>			

**Asthma Inhalers only:** Per Illinois law, asthma inhalers do not require a physician signature. Students only need a copy of the prescription and a note from his/her parent/guardian to carry and self-administer asthma medication. Parents/guardians please attach prescription label or a copy of label to back of this form. If a copy of the prescription label is not available, a physician must complete the below information.

<b>Printed Physician's Name:</b>	
<b>Office Phone Number / Emergency Phone Number:</b>	
<b>Medication Name:</b>	
<b>Purpose of Medication / Diagnosis:</b>	
<b>Dosage &amp; Frequency:</b>	
<b>Time of Administration or as needed:</b>	
<b>Expected side effects, if any:</b>	
<b>Other medication student is receiving:</b>	

**Date:** \_\_\_\_\_ **Physician's Signature:** \_\_\_\_\_

**This form is used for both prescription and over-the-counter medication.**