

MEDICATION ADMINISTRATION / SELF-ADMINISTRATION CONSENT FORM

Name of Student _____ Date of Birth _____

Address _____ Emergency Phone _____

School _____ Grade _____

Part I – Physician's Statement (This statement may be signed by a physician's assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician.)

1. Name/type of medication _____
Dosage/amount to be given _____
2. Is the prescribed medication for an asthmatic condition? _____
3. Route of administration _____
4. Frequency and time of administration _____
5. Duration (week, month, indefinite, etc.) _____
6. Diagnosis _____
7. Intended effect and anticipated reaction to medication (symptoms, side effects, etc.) _____

8. Must this medication be administered during the school day in order to allow the student to attend school? _____

9. **For Asthma Medication Only***: Is unsupervised self-administration authorized? _____

**Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication may possess and use his/her asthma medication during school or at school-sponsored activities without the supervision of District personnel.*

Physician's Signature

Date Signed

Address

Telephone No.

Part II – Parent's Request/Approval

I hereby request and grant permission for Taylorville Community Unit School District #3 school personnel to (check one) ____ administer or ____ permit the self-administration of medication to/by my daughter/son according to the above instructions. I understand that administration by school personnel may be performed by an individual other than a certificated and registered school nurse, and I specifically consent to this. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration or self-administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self-administration of medication. With respect to student self-administration of asthma medication, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law.

Parent/Guardian Signature

Phone

Date

For Asthma Medication Only: I consent to my child's possession and unsupervised self-administration of asthma medication: ____ Yes ____ No.

Parent/Guardian Signature

Phone

Date

2. Board Policy - Administering Medications to Students & Permission Form

Taylorville Community Unit School District #3

7:270

Students

Administering Medicines to Students

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(s)/guardian(s) 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(s)/guardian(s). 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 emergency 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 medication prescribed for asthma for immediate use at the student's discretion, provided the student's parent(s)/guardian(s) have 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 Epinephrine Auto-Injectors

The Superintendent or designee shall implement Section 22-30(f) of the School Code and maintain a supply of epinephrine auto-injectors in the name of the District and provide or administer them as necessary according to State law. 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 school epinephrine auto-injectors and a standing protocol from a physician licensed to practice medicine in all its branches, or (2) fill the District's prescription for school epinephrine auto-injectors.

Upon implementation of this subsection and Section 22-30(f) of the School Code, 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)
ADOPTED: March 12, 2012