

HEALTH SERVICES
Western Springs School District 101

4225 Wolf Road
Western Springs, IL 60558

708-485-2277
Fax 708-246-4370

Teacher/Grade _____

School Year _____

MEDICATION AUTHORIZATION AND PERMISSION

Student's Name _____ **Birthdate** _____

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

SIGNATURE OF HEALTH CARE PROVIDER _____ DATE _____
PRINTED NAME OF HEALTH CARE PROVIDER _____
ADDRESS AND TELEPHONE NUMBER _____

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. I will obtain and provide to the District a written 's 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 2019-2020 school term or when all of the medications listed herein are discontinued, whichever is first.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

TELEPHONE HOME _____ WORK/CELL _____

ILLINOIS SCHOOL CODE 105 ILCS 5/22-30 or 105 ILCS 145/30 requires the following:

FOR ASTHMA MEDICATION: A school must permit a pupil with asthma to self-carry or to self-carry and self-administer asthma medication so long as the parent/guardian provides: (1) written authorization and (2) a prescription label with the name of the medication, the prescribed dosage and the time or circumstances under which the medication is to be administered.

FOR EPINEPHRINE AUTO-INJECTORS: A school must permit an authorized student to self-carry or to self-carry and self-administer an epinephrine auto-injector as long as the parent/guardian provides written authorization from the student's treating Health Care Provider containing the name and purpose of the epinephrine auto-injector, the prescribed dosage, and the time or times at which or the special circumstances under which the epinephrine auto-injector is to be used.

FOR DIABETES MONITORING AND TREATMENT: A school must have in place an individualized diabetes care plan for each student and, if applicable in the plan, allow the student to: 1) self-monitor and self-treat his/her diabetes in the classroom, in any area of the school or school grounds and at any school-related activity or event, in accordance with the student's diabetes care plan; and 2) possess on his/her person at all times the supplies and equipment necessary to monitor and treat diabetes, in accordance with the diabetes care plan.

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IT IS STRONGLY RECOMMENDED THAT AN EXTRA INHALER, OTHER ASTHMA MEDICATION, DIABETES MEDICATION OR EPINEPHRINE AUTO-INJECTOR BE KEPT IN THE SCHOOL OFFICE IN CASE OF EMERGENCY.

Parent's Initials

_____ This student has been instructed in the self-administration of the above asthma, medication(s) or epinephrine auto-injector (single use) and knows the circumstances under which to use the medication, when to seek additional medical assistance and the prohibition against sharing medication with others.

_____ This student is authorized to carry the above medication only.

_____ This student is authorized to carry and self-administer the above medication.

SCHOOL NURSE APPROVAL _____ DATE _____

TO BE COMPLETED IN ADDITION TO ABOVE BY PARENT/GUARDIAN OF STUDENT AUTHORIZED TO SELF CARRY/SELF-ADMINISTER ASTHMA MEDICATION/EPINEPHRINE AUTO-INJECTOR

"Self-carry" means that the student has the discretion to carry his/her prescribed asthma medication or authorized epinephrine auto-injector 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 asthma medication or an epinephrine auto-injector 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 is responsible for having the medication available as needed and affirmatively state that the s/he 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, 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, i/we agree to indemnify and hold harmless District 101, it's 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 asthma medication or of an epinephrine auto-injector 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.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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8/2015 JK

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. 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 who have the required written medical and/or parental/physician permission will be allowed to carry or to carry and self-administer their inhalers, other asthma medication or epinephrine auto-injectors during the school day, while on school property or while participating in school authorized activities. . 105 ILCS 5/22-30. Additionally, students who are authorized pursuant to an individualized Diabetes Care Plan may self-administer insulin with the insulin delivery system utilized by the student, treat his/her hyperglycemia or hypoglycemia as needed, and otherwise carry the supplies and equipment necessary to monitor and treat his/her diabetes in the classroom, in any area of the school or school grounds and at any school-related activity or event, in accordance with the student's diabetes care plan. 105 ILCS 145/30.
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.

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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.

**SEE REVERSE SIDE FOR IMPORTANT NOTIFICATION REGARDING THE ADMINISTRATION OF
ASTHMA MEDICATION AND EPINEPHRINE AUTO-INJECTORS**

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

In accordance with Section 10-22.30(b) 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.