



SCHOOL MEDICATION AUTHORIZATION FORM

To be completed by the child's parent(s)/guardian(s). A new form must be completed every school year. Keep in the school nurse's office or, in the absence of a school nurse, the Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant, dentist, optometrist, podiatrist, or advanced practice RN (**Note:** for asthma inhalers only, use the "Asthma Inhalers" section below):

Physician's Printed Name: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

Specific individual(s) who may administer the medication to the student when a School Nurse or RN is not available: _____

Time medication is to be administered or under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Is it necessary for this medication to be administered during the school day? Yes No



Expected side effects, if any: _____

Actions to be taken if the student has side effects and/or an adverse reaction to the medication: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Physician's signature

Date



Asthma Inhalers

A written statement from the student's physician, physician assistant, dentist, optometrist, podiatrist, or advanced practice RN is not required for a student to carry and self-administer an asthma inhaler. Parent(s)/Guardian(s) must attach the prescription label here, which must include the name of medication, the prescribed dosage, and the time at which/circumstances under which the medication is to be administered.

[Attach prescription label here]

For only parents/guardians authorizing students to carry asthma medication or an epinephrine auto-injector:

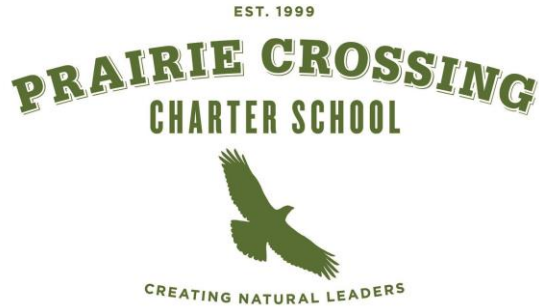
I authorize Prairie Crossing Charter School and its employees and agents to allow my child to carry and self-administer his or her asthma inhaler and/or use his or her epinephrine auto-injector; (1) while in school, (2) while at a school-sponsored activity, (3) while under the supervision of school personnel, or (4) before or after normal school activities. I hereby acknowledge that Prairie Crossing Charter School, its officials, employees and agents will incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication or use of an epinephrine auto-injector by my child regardless of whether authorization was given by me or by my child's physician, physician's assistant, dentist, optometrist, podiatrist, or advanced practice register nurse. **I hereby agree to indemnify and hold harmless Prairie Crossing Charter School, its officials, employees, and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medication or use of an epinephrine auto-injector by my child regardless of whether authorization was given by me or by my child's physician, physician's assistant, dentist optometrist, podiatrist, or advanced practice register nurse.** (105 ILCS 5/22-30).

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

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 in the event of a medical emergency, I hereby authorize Prairie Crossing Charter School and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to *self-administer* pursuant to State law, while under the supervision of the employees and agents of Prairie Crossing Charter School), lawfully prescribed medication in the manner described above. **I acknowledge that it may be necessary for the administration of medication 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 Prairie Crossing Charter School and its employees and agents against any claims, except a claim based on willful and wanton conducts, arising out of the administration or the self-administration of medication by my child.**

Parent/Guardian printed name

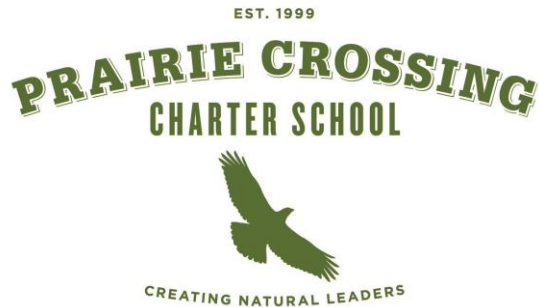
Address (if different from Student's above): _____

Phone: _____

Emergency Phone: _____

Parent/Guardian Signature

Date



**NOTICE TO PARENTS AND GUARDIANS AND CONSENT FOR
SELF-ADMINISTRATION OF EPI PEN AUTO-INJECTOR**

Pursuant to Public Act 96-1460 of the State of Illinois, you are hereby notified that if you elect to grant permission for self-administration of an epi-pen auto-injector by your child or ward, Prairie Crossing Charter School and its employees and agents will incur no liability as a result of any injury arising from such self-administration of medication by your child, except for willful and wanton conduct.

I, _____ parent/guardian of _____

give consent and request he/she be allowed to self-administer an epi-pen auto-injector. My child agrees that if there is no improvement after prescribed dosage, he/she will notify the Nurse or other responsible adult who will seek further medical intervention. Permission for self-administration of epi-pen auto-injector is only effective for the school year for which it is granted and must be renewed each subsequent school year.

MEDICATION MUST BE USED ONLY BY THE STUDENT FOR WHOM IT IS PRESCRIBED AND MUST NOT BE SHARED WITH OTHER STUDENTS. Any student authorized to self-medicate who willingly gives his/her epi-pen to another student shall be counseled and/or disciplined.

I acknowledge that Prairie Crossing Charter School, its officials, employees, and agents will not incur any liability, except for willful and wanton conduct, as a result of any injury arising from self-administration of medication or use of an epinephrine auto-injector by my child, regardless of whether authorization was given by me or by my child's physician, physician's assistant, or advanced practice register nurse. I hereby agree to indemnify and hold harmless Prairie Crossing Charter School, its officials, employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of self-administration of medication by said student or use of an epinephrine auto-injector by my child regardless of whether authorization was given by me or by my child's physician, physician's assistant, or advanced practice register nurse.
