Glen Ellyn School District 41
Ignite passion. Inspire excellence. Imagine possibilities.
793 North Main Street, Glen Ellyn, IL 60137

Medication Authorization Form

Prescription and Non-Prescription Medication

A new form must be completed every school year for each medication. This form is to be kept in the nurse's office or, in the absence of school nurse office, the building principal's office.

To be completed by the child's parent(s)/guardian(s).

Student Name: _____ ***Birth Date:*** _____ ***ID*:**_____

Address: _____

Primary Phone: _____ **Secondary Phone:** _____

School: _____ **School Year:** _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority:

Medication Name: _____

Diagnosis/Purpose: _____

Dosage: _____ **Time:**_____ **Frequency**: _____

_____

Discontinuation Date:_____ _____

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

Expected side effects, if any: _____

Other medications student is receiving: _____

Prescriber's Signature _____ **Date**_____

Prescriber's Printed Name: _____

Office Address: _____ **Phone**:_____ **Fax**: _____

COMPLETE BOTH SIDES OF FORM

COMPLETE BOTH SIDES OF FORM

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 or in the event of a medical emergency, I hereby authorize the School District 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 the School District), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine injectors, or asthma medication to my child when there is a good faith belief that my child is having an anaphylactic reaction or asthma episode, whether such reactions are known to me or not, and if applicable, 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799; 105 ILCS 145/27, added by P.A. 101-428. **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 the School District and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

***All medications should be brought to school by a parent/guardian. Medications should be in the original container/package labeled with the child' name, medication name, and dose. ***

Parent/Guardian Printed Name: _____

Primary Phone: _____ **Secondary Phone**: _____

_____ _____

Parent/Guardian Signature **Date**

<u>For students requiring self-carry and self-administration of epinephrine injectors:</u>
Please note that for student's requiring epinephrine injectors, in addition to this form, a Food Allergy Action Plan is required to be completed by the prescribing health care provider.

Is the epinephrine injector required under a qualifying plan pursuant to 105 ILCS 5/10-22.21b, amended by P.A. 101-205, eff. 1-1-20? ☐ Yes ☐ No

I grant permission for my child to self-carry/self-administer his or her epinephrine injector: _____
Parent/Guardian Initials

For only parents/guardians of students who need to carry and use an epinephrine injector:

I authorize the School District and its employees and agents, to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine 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, such as while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) 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-carry and self-administration of epinephrine injector. 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799, eff. 1-1-19.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____