

Administering Medicines to Students

7:270-E1 Exhibit - School Medication Authorization Form

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

This form is to be used for medication other than medical cannabis. (See 7:270-E2, School Medication Authorization Form - Medical Cannabis.) A new form must be completed every school year for each medication. Keep in the school nurse's office or, in the absence of a school nurse, the Building Principal's office.

Student's Name: _____ Birth Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Student ID: _____

*To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority: (**Note:** for asthma inhalers only, use the **Asthma Inhaler** section below.)*

Prescriber's Printed Name: _____

Office Address: _____

Office Phone: _____ Emergency Phone: _____

Medication name: _____

Purpose: _____

Dosage: _____ Frequency: _____

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: _____

Time interval for re-evaluation: _____

Other medications student is receiving: _____

Prescriber's Signature Date

For only parent(s)/guardian(s) of students who need to carry and use their asthma medication and/or epinephrine injectors:

Is the asthma inhaler and/or 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

Parent(s)/Guardian(s) please attach prescription label (asthma inhaler) and/or written statement (epinephrine injector) here: For asthma inhalers, attach the prescription label with the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. [105 ILCS 5/22-30\(b\)\(2\)\(i\)](#).

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.

Parent/Guardian printed name

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

Home Phone: _____ Cell Phone: _____ Emergency Phone: _____

Parent/Guardian Signature Date

Revised 05/2015

Reviewed 11/13/2017

Revised 11/27/2017

Reviewed 01/13/2020

Revised 02/10/2020

Glenbard Township High School District 87
