



SPECIFIC MEDICATION AUTHORIZATION FORM

For Asthma Inhaler, Epinephrine Injector, Diabetes or Seizure Medication Only

Student Name: _____ Date of Birth: _____
 School: _____ Grade: _____ Teacher: _____
 Home Phone: _____ Emergency Phone: _____

PHYSICIAN, PHYSICIAN ASSISTANT or ADVANCED PRACTICE REGISTERED NURSE TO COMPLETE

Medication: _____ Dose/Frequency: _____

Time: _____ Route: _____ For how long: _____

Diagnosis requiring medication: _____

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

Desired benefits of medication: _____

Expected side effects if any: _____

Other medication student is receiving: _____

PERMISSION

- Self-Carry Only (e.g. in backpack and available for use by a trained adult)
- Self-Administer Only (stored securely and under the direct supervision of school personnel)
- Self-Carry and Self-Administer (for use at pupils own discretion)

Printed Name: _____ Signature: _____ Date: _____

Office Address, Phone, Fax: _____

STUDENT'S PARENT/GUARDIAN TO COMPLETE**For Asthma Inhaler, Epinephrine Injector, Diabetes or Seizure Medication**

- Attach Qualifying Plan: Asthma Action Plan () Allergy and Anaphylaxis Emergency Action Plan ()
 Diabetes Medical Management Plan () Emergency Seizure Action Plan ()
- Attach a copy of the prescription label for asthma inhaler or epinephrine injector.
- I give my child permission to:
 - Self-Carry Only (e.g. in backpack and available for use by a trained adult)
 - Self-Administer Only (stored securely and under the direct supervision of school personnel)
 - Self-Carry and Self-Administer (for use at students own discretion)

I authorize the School District and its employees and agents, to allow my child to self-carry and/or self-administer his or her medication (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. I agree to indemnify and hold harmless the School District and its employees and agents against any claims, except for willful and wanton misconduct, arising out of my child's self-carry and/or self-administration of this medication. I also understand that my signature on this form denotes permission for the school nurse and the health provider to confer regarding the administration/monitoring of this medication. Information may be written and/or verbal and may be exchanged both ways. I have the right to inspect and copy the information being disclosed. This consent is valid for one year. I understand I have the right to revoke this consent at any time.

Parent/Guardian Signature: _____ Date: _____

School Medication Policy: [Administering Medicine to Students](#)

Medication Protocol: [Student Handbook Chapter 5 Health and Safety](#)

"It is the policy of the State of IL that the administration of medication to students during regular school hours and during school-related activities should be discouraged unless absolutely necessary for the critical health and well being of the student." 105 ILCS 5/10-22.21b

1. Receipt of a completed District School **Medication Authorization Form** or the **Specific Medication Authorization Form (For asthma Inhaler, Epinephrine injector, diabetes or seizure medication only)**. A Medication Authorization Form must be completed for all prescriptions and all non-prescription medication.
2. Medication authorization forms must be completed for each school year.
3. No more than a 30 day supply of medication shall be stored at school.
4. The nurse shall review the written order and determine to accept the written order or seek further clarification of the order if necessary.
5. **Prescription Medication** must be in the original pharmacy container with an affixed label.
6. **Over the Counter Medication** must be in the original manufacturer's package with the student's name affixed to it.
7. Medication will not be given past the expiration date on the container.
8. Any changes in dose, time, or directions of medication must be confirmed from the licensed prescriber on the Medication Authorization Form.
9. If a child's medication is to be discontinued, the parent/guardian and/or the licensed prescriber, shall notify the school in writing.
10. Medication Disposal: The parent/guardian will be responsible for removing from the school any unused, discontinued or outdated medication which was prescribed for their child.
11. At the Middle Schools and High School only, tylenol/acetaminophen and advil/ibuprofen may be given to students with parent/guardian permission. Standing orders have been approved by a licensed prescriber, under supervision of the nurse, for up to 2 doses per month.
12. For the Fifth Grade outdoor environmental educational experience only, standing orders have been approved by a licensed prescriber, that tylenol/acetaminophen, advil/ibuprofen and benadryl/diphenhydramine may be given to students under the supervision of the nurse, with parent/guardian permission.

Self-Administration of Medication is Allowed As follows:

1. The **Specific Medication Authorization Form** or **School Medication Authorization Form** is completed.
2. Parent/Guardian provides a **Qualified Plan**: Examples of Qualified Plans include an Asthma Action Plan; Illinois Food Allergy Emergency Action Plan; Emergency Seizure Plan, Diabetes Medical Management Plan. Or a student may have an Individual Health Care Plan; a Section 504 or an IEP plan.
3. **Permissions** to self-administer medication only, to self-carry only, or to self-carry and self administer shall be documented in the students **qualified plan**. Different rules and allowances apply to different medications and are explained on the Specific Medication Authorization Form and the School Medication Authorization Form. A prescription label is required for asthma inhaler and epinephrine injector.
4. Students with asthma, anaphylaxis, diabetes and/or seizure disorder may **self-carry only, self administer only, or possess and self-administer** their medication as indicated under a Qualifying Plan.
5. Students may **self-administer (but not possess on their person) other medication** required under a qualifying plan.
6. Nurses shall develop an emergency action plan for students who self-administer their medications.