

MEDICATION ADMINISTRATION/SELF ADMINISTRATION CONSENT FORM

Name of Student _____ Date of Birth _____
Address _____ Emergency Phone _____
School _____ Grade _____

Part I - Physician's Statement (This statement may be signed by a physician's assistant or advance practice registered nurse having such authority delegated by a supervising/collaborating physician.)

1. Name/type of medication _____
2. Is the prescribed medication for an asthmatic condition? _____
3. Dosage/amount to be given _____
4. Route of administration _____
5. Frequency and time of administration _____
6. Duration (week, month, indefinite, etc.) _____
7. Diagnosis, intended effect and anticipated reaction to medication (symptoms, side effects, etc.)

8. Other medication student is receiving _____
9. Other requirements or special circumstances _____
10. Must this medication be administered during the school day in order to allow the student to attend school? _____
11. Is supervised student self-administration authorized? _____
12. **For Asthma Medication/Epinephrine Auto-Injectors Only***: Is unsupervised self-administration authorized? _____

**Pursuant to Illinois law, upon parental consent, a student who is prescribed asthma medication and/or an epinephrine auto-injector may possess and use his/her asthma medication and/or epinephrine auto-injector during school or at school-sponsored activities without the supervision of District personnel.*

Physician's Signature

Date Signed

Address

Telephone No.

Part II - Parent's Request/Approval

I hereby request and grant permission for School District No. 27 school personnel to [check one] _____ administer or _____ permit the self-administration of medication to/by my daughter/son according to the above instructions. I understand that administration by school personnel may be performed by an individual other than a certificated and registered school nurse, and I specifically consent to this. I further waive any claims against the School District, members of the Board of Education, its employees, and agents arising out of the administration or self administration of said medication, and agree to hold harmless and indemnify the School District, the members of the Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims, demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the administration or self administration of medication. With respect to student self-administration of asthma medication and epinephrine auto-injectors, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law. **For Asthma Medication/Epinephrine Auto-Injectors Only:** I consent to my child's possession and unsupervised self-administration of asthma medication: _____yes _____ no.

Signed _____ Phone # _____ Date _____

**PARENTAL CONSENT FORM
FOR
EMERGENCY TREATMENT**

I, _____, parent [or legal guardian] of _____, have enrolled my child in _____ and hereby authorize Dr. _____, my child's physician, or any physician in his or her group practice, on my behalf to administer emergency medical assistance to my child during school or a school-sponsored activity. In the event my child's physician or any physician in his or her group practice is not available, or contact with my child's physician is not practical under the circumstances, I hereby authorize School District No. 27 its employees and agents to provide emergency medical assistance or to arrange for and consent to on my behalf immediate medical treatment by a licensed or certified physician or other medical personnel for my child whenever the authorized school personnel believe such emergency medical assistance is necessary to protect the health, safety and welfare of my child. I further waive any claims against School District No. 27, the members of the Board of Education, its employees and agents arising out of the provision of or arrangement for emergency medical assistance to my child and agree to hold harmless and indemnify School District No. 27, the members of its Board of Education, its employees and agents, either jointly or severally, from and against any and all liability, claims demands, damages, or causes of action or injuries, costs, and expenses, including attorneys' fees, resulting from or arising out of the provision of or arrangement for emergency medical treatment.

Signed _____ Phone # _____ Date _____