

Community High School District 155

Cary Grove: 847-639-3825/ fax 847-639-3873
Central: 815-459-2505/ fax 815-459-4169
Prairie Ridge: 815-479-0404/ fax 815-459-8993
South: 815-455-3860/ fax 815-477-6907

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

Parent Permission: _____ Date: _____
Student's Name _____ Date of Birth: _____
Address: _____
School _____ Grade _____
Medication _____
Dose _____ Time _____

Your signature below verifies:

- ❖ the school nurse may administer this medication.
- ❖ **For asthma medication and Epi-pen only:** your son/daughter is able to carry and self-administer this medication. It is recommended that you provide an additional dose of the medication to keep at school in the event that your student forgets or loses his/her medication.
- ❖ Community High School District 155, along with its employees and agents, incur no liability (except for willful and wanton conduct) as a result of any injury arising from the pupil's self-administration of asthma medication or Epi-Pen use.

Parent/Guardian Signature _____
Home Phone: _____ Work Phone: _____



Physician's Order:

Medication: _____
Dose _____ Time _____
Duration: From _____ To _____
(date) (date)
Condition requiring medication _____
Possible side effects _____

I hereby request that the school nurse or authorized school personnel administer the above prescribed medication as it is medically necessary to do so during school hours. **For asthma medication and Epi-pen only:** student is able to carry and self-administer this medication.

Physician's Signature _____
Date _____ Phone _____

Authorization for Administration of Medication Procedure

Whenever possible, the parent or guardian should make arrangements for medication to be administered at home, before or after school hours. In situations when a student's health could be compromised by not receiving medication during school hours, school district policy and procedures must be followed for administering all medications.

1. Medication is defined as prescription or non-prescription (over the counter) drugs.
2. Medication cannot be administered without **written** physician's order **and written** parent/guardian permission.
3. Prescription medication must be in a pharmacy or physician labeled container. Over the counter medication must be brought I with the original manufacturer's label, clearly marked with the student's name.
4. It is the parent/guardian's responsibilities to supply prescribed medication and assure that a responsible person brings it to school.
5. All medications to be taken during school hours will be kept in the nurse's office. It is the responsibility of the student to report to the nurse' office at the proper time to receive his/her medication.
6. **For metered dose inhalation medication and Epi-pens only:** students may carry their inhalers and Epi-pens and self-administer medication as prescribed. Inhalers and Epi-pens must be properly labeled and stored in a safe, accessible location.
7. **If a student is unable to self-administer inhaler or Epi-pen,** parent must notify the school nurse.
8. The parent/guardian must assume responsibility for informing the school (in writing) of any change in the student's health or change in medication.
9. The school district retains the discretion to reject requests for administration of medication if all required information is not received on the authorized form.
10. Medication authorization must be renewed each school year.