



MOTHER MCAULEY

Liberal Arts High School

3737 W. 99th Street, Chicago, IL 60655

## 2019-2020 School Medication Authorization Form

This form is to be completed by a licensed prescriber and parent/guardian. All prescription and non-prescription medications must be properly labeled with the student's name, date of birth, and year of graduation. These medications are kept in the Nurse's office. This form must be updated yearly.

Student Name: \_\_\_\_\_  
(Print)

Date of Birth: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Medications to be given during school hours, if needed: \_\_\_\_\_

\_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Diagnosis Requiring Medication: \_\_\_\_\_

\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Other Medications student is receiving when not in school: \_\_\_\_\_

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name Printed: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

### PARENT/GUARDIAN AUTHORIZATION:

I hereby authorize the School Nurse at Mother McAuley High School to administer the above medication(s) during school hours. Per 105 ILCS 5/22-30(c), the school and school personnel incur no liability for injuries occurring when administering medication(s), asthma medication, an epinephrine auto-injector, or an opioid antagonist.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Please contact our school nurse, if you should have any questions:

Mrs. Amanda Gaida RN, PEL-CSN

Phone: 773-881-6524 - Email: agaida@mothermcauley.org - Fax: 773-881-6624



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## 2019-2020 Inhaler/Epipen Policy Statement

Mother McAuley Liberal Arts High School has received your request for self-administration of:

\_\_\_\_\_  
(List medication)

for your child, \_\_\_\_\_  
(Print student's name)

State law requires that we inform the parents/guardians of the student, in writing, that Mother McAuley Liberal Arts High School and its employees and agents are to incur no liability, except for willful and wanton conduct, as a result of any injury arising from the self-administration of medication by the above named student. Before we can allow your child to self-administer the medication, we must ask that you sign and return this document.

The permission for self-administration of medication is effective for the school year for which it is granted and shall be renewed each subsequent school year upon fulfillment of the requirements outlined above. A student with asthma may possess and use her medication during school hours, at a school-sponsored activity (dance, game, etc.), or before or after normal school hours. We recommend that you provide an additional dose of the medication to be kept at school in the event that your child forgets or loses her medication.

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### Parent/Guardian Permission Statement

I have read the above policy and acknowledge that Mother McAuley Liberal Arts High School and its employees and agents are to incur no liability and I indemnify and hold harmless Mother McAuley Liberal Arts High School and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the self-administration of medicine by the above named student.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please contact our school nurse, if you should have any questions:

Mrs. Amanda Gaida RN, PEL-CSN

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