



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

SCHOOL MEDICATION ADMINISTRATION (SMA) FORM

Date _____

Student Name _____ Date of Birth _____

School _____ Grade _____

Physician's Authorization

Medication _____

Dose/Frequency _____ Route _____ Time _____ Scheduled

PRN

Effective dates (limited to 1 school year) From: _____ To: _____

Intended effect _____ Possible side effects _____

Condition(s) requiring medication _____

Other medication(s) student is taking _____

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 epinephrine auto-injector only: student is able to carry and self-administer this medication.

Physician's Signature _____ Date _____

Phone _____ Emergency Phone _____ Fax _____

Address _____

Parent's Authorization

Your signature below verifies:

- The school nurse or authorized school personnel may administer this medication.
- **For asthma medication and epinephrine auto-injector only:** Your student is able to carry and self-administer this medication. It is recommended that you provide an additional dose of the medication to be kept at school in the event that your student forgets or loses their medication.
- Community High School District 155, along with its employees and agents, incurs 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 epinephrine auto-injector use.

Parent/Guardian Signature _____ Phone Number _____

For School Use: PRN Medication Administration										Medication Intake: ___/___/___ Amount: _____			
Date													
Time													
Initial													
Date													
Time													
Initial													
Signature _____ Initial _____										Signature _____ Initial _____			

SCHOOL MEDICATION AUTHORIZATION AND ADMINISTRATION PROCEDURE

Whenever possible, the parent/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, as outlined in Community High School District 155 Policy Manual (Board Policy 7:270 Administering Medicines to Students).**

1. Medication is defined as prescription or non-prescription (over the counter) drugs.
2. Medication cannot be administered without a 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 in with the original manufacturer's label, clearly marked with the student's name.
4. It is the parent/guardian responsibility to supply prescribed medication and assure that it is brought to school by a responsible person.
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's office at the proper time to receive his/her medication.
6. For metered dose inhalation medication and epinephrine auto-injectors only: students may carry their inhalers and epinephrine auto-injectors and self-administer medication as prescribed. Inhalers and epinephrine auto-injectors must be properly labeled and stored in a safe accessible location.
7. **If student is unable to self-administer inhaler or epinephrine**, 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. Physician's order must accompany any medication change.
9. The school district retains the discretion to reject requests for administration of medication if all required information is not received on the authorization form.
10. Medication authorization must be renewed each school year.