

**MINOOKA SCHOOL DISTRICT #201**

**MEDICATION ADMINISTRATION/SELF-ADMINISTRATION CONSENT FORM**

**(ONLY FILL OUT IF STUDENT REQUIRES MEDICATION AT SCHOOL)**

The State of Illinois mandates that the following guidelines be followed for administration of medication in the school setting:

1. Provide the building nurse with this district medication consent form completed, signed and dated by a health care provider (physician, physician's assistant or advanced practice registered nurse having such authority delegated by a supervising/collaborating physician) and the parent/guardian for any medication including nonprescription. **NOTE:** A health care provider's signature is not required for students who require asthma inhalers during the school day as long as the inhaler's original prescription label/box is provided to the school.
2. Medication must be delivered to the nurse's office by the parent/guardian, unless prior arrangements have been made to independently carry an inhaler, epi-pen, or insulin pump.
3. School policy prohibits students from having in their possession any prescription or non-prescription medication other than the above mentioned, which have been pre-approved by the nurse.
4. Medication must be in its original, unopened container. Prescription medication must have the correct pharmacy labeled directions for administration.
5. Notification by the health care provider must be provided when a medication is discontinued or a change in dosage or interval occurs.
6. Medication administration consent forms must be completed annually.
7. **PLEASE NOTE: The school does not assume responsibility for medication that is not delivered to and kept in the nurse's office or other secure designated area by a parent/guardian.**

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_ DOB \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEDICATION \_\_\_\_\_ DIAGNOSIS \_\_\_\_\_

DOSAGE \_\_\_\_\_ ROUTE \_\_\_\_\_ TIME/FREQUENCY \_\_\_\_\_

OTHER REQUIREMENTS OR SPECIAL CIRCUMSTANCES \_\_\_\_\_

DISCONTINUE DATE \_\_\_\_\_ POSSIBLE SIDE EFFECTS \_\_\_\_\_

IS SUPERVISED STUDENT SELF-ADMINISTRATION AUTHORIZED?    YES    NO

IS IT MEDICALLY NECESSARY FOR THE STUDENT TO CARRY HIS/HER INHALER/EPI-PEN AT ALL TIMES?    YES    NO

**FOR ASTHMA MEDICATION/EPINEPHRINE AUTO-INJECTORS ONLY\*:** IS UNSUPERVISED SELF-ADMINISTRATION AUTHORIZED?  
YES    NO

*\*PURSUANT TO ILLINOIS LAW, UPON PARENTAL CONSENT (FOR ASTHMA INHALERS) OR PHYSICIAN AUTHORIZATION (FOR EPINEPHRINE AUTO-INJECTOR), A STUDENT WHO IS PRESCRIBED ASTHMA MEDICATION AND/OR EPINEPHRINE AUTO-INJECTOR MAY POSSESS AND USE HIS/HER ASTHMA MEDICATION AND /OR EPINEPHRINE AUTO-INJECTOR WHILE AT SCHOOL OR DURING SCHOOL-SPONSORED ACTIVITIES WITHOUT THE SUPERVISION OF DISTRICT PERSONNEL.*

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT PHYSICIAN NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**PARENT SECTION:**

I HEREBY AUTHORIZE MINOOKA CCSD #201 PERSONNEL TO \_\_\_\_\_ADMINISTER OR\_\_\_\_\_ PERMIT THE SELF-ADMINISTRATION OF MEDICATION TO/BY MY CHILD DURING SCHOOL HOURS ACCORDING TO THE ABOVE INSTRUCTIONS.

I HEREBY CONFIRM MY PRIMARY RESPONSIBILITY TO ADMINISTER MEDICATION TO MY CHILD. HOWEVER, IN THE EVENT THAT I AM UNABLE TO DO SO, I HEREBY AUTHORIZE MINOOKA CCSD #201 AND ITS EMPLOYEES AND AGENTS, IN MY BEHALF AND STEAD, TO ADMINISTER OR TO ATTEMPT TO ADMINISTER TO MY CHILD (OR TO ALLOW MY CHILD TO SELF-ADMINISTER, WHILE UNDER SUPERVISION OF THE EMPLOYEES AND AGENTS OF MINOOKA CCSD #201) LAWFULLY PRESCRIBED MEDICATION IN THE MANNER DESCRIBED ABOVE. **I ACKNOWLEDGE THAT IT MAY BE NECESSARY FOR THE ADMINISTRATION OF MEDICATION TO MY CHILD TO BE PERFORMED BY AN INDIVIDUAL OTHER THAN A SCHOOL NURSE AND SPECIFICALLY CONSENT TO SUCH PRACTICES.** I FURTHER WAIVE ANY CLAIMS AGAINST MINOOKA CCSD #201, ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES, AND AGENTS ARISING OUT OF THE ADMINISTRATION OR SELF-ADMINISTRATION OF SAID MEDICATION, AND AGREE TO HOLD HARMLESS AND INDEMNIFY MINOOKA CCSD #201, ITS INDIVIDUAL BOARD MEMBERS, EMPLOYEES AND AGENTS, 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. I ALSO ACKNOWLEDGE THAT MINOOKA CCSD #201 SHALL INCUR NO LIABILITY, EXCEPT FOR WILLFUL AND WANTON CONDUCT, AS A RESULT OF ANY INJURY ARISING FROM A STUDENT'S SELF-ADMINISTRATION OF MEDICATION OR EPINEPHRINE AUTO-INJECTOR OR THE STORAGE OF ANY MEDICATION BY DISTRICT PERSONNEL, REGARDLESS OF WHETHER THE SELF-ADMINISTRATION OF AN ASTHMA INHALER OR EPI-PEN WAS AUTHORIZED BY THE PARENT OR HEALTHCARE PROVIDER.

**FOR ASTHMA MEDICATION/EPINEPHRINE AUTO-INJECTORS ONLY:** I AUTHORIZE MINOOKA CCSD #201 AND ITS EMPLOYEES AND AGENTS, TO ALLOW MY CHILD/ WARD TO CARRY AND SELF-ADMINISTER HIS/HER ASTHMA INHALER AND/OR USE HIS/HER EPINEPHRINE AUTO-INJECTOR: (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 WHEN IN BEFORE-SCHOOL OR AFTER-SCHOOL CARE ON SCHOOL-OPERATED PROPERTY. ILLINOIS LAW REQUIRES THE SCHOOL DISTRICT TO INFORM PARENT/GUARDIAN THAT IT, AND ITS EMPLOYEES AND AGENTS, INCUR NO LIABILITY, EXCEPT FOR WILLFUL AND WANTON CONDUCT, AS A RESULT OF ANY INJURY ARISING FROM THE ADMINISTRATION OF ASTHMA MEDICATION OR EPINEPHRINE AUTO-INJECTOR(105ILCS 5/22-30).

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE