

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 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 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 injectors, this waiver and indemnification are not applicable to willful and wanton acts to the extent required by law. **For Asthma Medication/Epinephrine Injectors Only:** I consent to my child's possession and unsupervised self-administration of asthma medication: _____ yes _____ no.

Signed _____ Phone # _____ Date _____