

**HEALTH SERVICES**  
**Darien Public Schools – District #61**

Mark DeLay: ph (630) 968-2589,  
Lace: ph (630) 968-2589,  
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fax (630) 968-7506  
fax (630) 968-5920  
fax (630) 968-8002

Grade \_\_\_\_\_  
School Year \_\_\_\_\_

**SCHOOL MEDICATION AUTHORIZATION FORM**

(TO BE COMPLETED BY PHYSICIAN)

This child \_\_\_\_\_, Date of birth \_\_\_\_\_ is under my medical care for \_\_\_\_\_  
and medication is **required** during the school day for the purpose of \_\_\_\_\_  
(diagnosis)

NAME OF DRUG	DOSAGE	FREQUENCY	ROUTE	TIME TO BE GIVEN AT SCHOOL	DURATION	SIDE EFFECTS

This student has been instructed in the self-administration of the above **asthma or epi-pen** medication and knows the circumstances under which to use the medication. Student must carry the medication during school.

Prescriber's Initials \_\_\_\_\_

**Note: It is strongly recommended that an extra inhaler or epi-pen be kept in the school office.**

**MEDICATION SIGN-IN/OUT**  
**Dropped off by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Staff Witness:** \_\_\_\_\_  
  
**Picked up by:** \_\_\_\_\_  
**Date:** \_\_\_\_\_  
**Staff Witness:** \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

PRINTED NAME OF PHYSICIAN \_\_\_\_\_

ADDRESS \_\_\_\_\_

EMERGENCY TELEPHONE NUMBER \_\_\_\_\_

**(TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)**

*ns of students who need to carry asthma medication or an Epi-pen:*

I authorize School District 61 and its employees and agents, to allow my child or ward to possess and use his/her asthma medication and/or 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 while in before-school or after-school care on school-operated property. Illinois law requires the School District to inform parent(s)/guardian(s) that it and its employees and agents, incurs 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 (105 ILCS

*case initial: 22-30).*

Parent(s)/guardian(s) \_\_\_\_\_

Date \_\_\_\_\_

By signing below, I agree that I am primarily responsible for administering medication to my child. However, in the event that I am unable to do so or in the event of a medical emergency, I hereby authorize School District 61 and its employees and agents, on my behalf, to administer or to attempt to administer to my child (or to allow my child to self-administer while under the supervision of the employees and agents of School District 61) lawfully prescribed medication in the manner described above. I agree to indemnify and hold harmless School District 61 and its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or the child's self-administration of medication.

Parent Signature \_\_\_\_\_

Phone (Home / Work or Cell) \_\_\_\_\_

Date \_\_\_\_\_

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Grade \_\_\_\_\_  
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**District # 61 Procedure for Administration of Medication to Students**

Medication shall not be administered to a student at school unless absolutely necessary to maintain the continued attendance of the student. This policy shall apply to both prescription and nonprescription medication. If it is determined that medication must be given to a student at school, the procedure set forth below shall be followed.

1. Medication shall be administered by the school nurse, or an employee designated by the superintendent.
2. The student's physician shall provide written orders detailing the name of the student, the diagnosis for which the medication is ordered, the name of the medication, the desired benefits of the medication, and an emergency number where the physician can be reached. In addition, the physician's written order shall indicate any expected reactions to the medication and shall advise school personnel of adverse symptoms for which to watch. The physician shall detail steps to be followed if the student experiences an adverse reaction. The order shall be renewed periodically.
3. The student's parent or guardian shall provide to the nurse a signed authorization to administer the medication, which has been ordered by the physician. The authorization shall include the parent or guardian's name and telephone number for use in case of an emergency.
4. Medication shall be brought to school and given to the nurse in the original package or an appropriately labeled container. Prescription medication shall display: student's name, prescription number, medication name and dosage, administration route or directions, date and refill, licensed prescriber's name, pharmacy's name, address, and phone, and name or initials of pharmacist. Over-the-counter medication shall be in the original container with manufacturer's label listing all contents, the student's name affixed to the label. Medication should be delivered to the school by the student's parent or guardian.
5. Medications shall be kept in a locked place at school.
6. The school health professional shall keep a written and/or electronic record of all medication administration. This record will include: students' name, medication, dosage, time, date, who administered medication, and absenteeism or other reason for missed dosage. This record will be placed in the student's health file along with the physician's written order and the parental authorization to administer the medication.
7. The student's parent shall remove any unused medication from the school at the end of therapy, or the end of the school year. If the parent fails to remove unused medication, the school nurse will appropriately dispose of it in the presence of a witness.

No medication will be administered to students unless these guidelines are followed. If it is determined by physicians or parents that a student should retain medication on himself/herself for self-administration, it is recommended that the parents inform the school nurse of the situation, but the school assumes no responsibility for administering medication unless the above guidelines are followed.

A student with asthma may self-administer his or her prescribed asthma medication provided that the following information is kept on file in the Health Office: the student's parent/guardian will provide a parental written authorization for the self-administration of medication, and a written order from the student's physician containing the following information: name and purpose of medication, prescribed dosage, and time or special circumstances under which the medication is to be administered. A student with an allergy requiring use of epinephrine for prevention or management of anaphylactic reaction may self-administer his or her prescribed epinephrine provided that the following information is kept on file in the Health Office: the student's parent/guardian will provide a parental written authorization for the self-administration of medication, and a written order from the student's physician containing the following information: name and purpose of medication, prescribed dosage, and time or special circumstances under which the medication is to be administered. The superintendent shall have the discretion to reject requests for the administration of medication subject to the requirements of the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act of 1973.

As parent/guardian of \_\_\_\_\_, my signature below indicates I have read and understand the Darien School District 61 Medication Administration Procedure.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Phone (Home / Work or Cell)

\_\_\_\_\_  
Date