



**NORRIDGE SCHOOL
DISTRICT 80**

Student Medication

Taking medication during school hours or during school-related activities is prohibited unless it is necessary for a student's health and well-being. When a student's licensed health care provider and parent/guardian believe it is necessary for the student to take medication during school hours or school-related activities, the parent/guardian must request that the school dispense the medication to the child by completing a "Student Medical Authorization Form".

No school or district employee is allowed to administer to any student, or supervise a student's self-administration of, any prescription or non-prescription medication until a completed and signed School Medication Authorization Form is submitted by the student's parent/guardian. No student is allowed to possess or consume any prescription or non-prescription medication on school grounds or school-related functions other than as provided for in this procedure.

A student may possess an epinephrine auto-injector (EpiPen) and/or asthma inhaler prescribed for immediate use at the student's discretion, provided the student's parent/guardian has completed and signed an Authorization for Student Self-Medication form. The district and school 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 school personnel. A student's parent/guardian must agree to indemnify and hold harmless the school district and its employees and agents, against any claims, except a claim based on willful and wanton conduct, arising out of a student's self-administration of an epinephrine auto-injector and/or asthma inhaler, or the storage of any medication by school personnel.



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Parent Authorization

I hereby acknowledge 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 Norridge School District 80 and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child or to allow my child to self-administer while under the supervision of an employee of agent of the School District, lawfully prescribed medication in the manor 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 I specifically consent to such practices. I further acknowledge and agree that when lawfully prescribed medication is so administered or attempted to be administered, I waive any claims that I might have against the School District, its employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify the School District, its employees and agents, either jointly or severally, from and against any and all claims, damages, causes of action or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent's Signature

Date Signed

Parent's Phone Number

Parent's Emergency Phone Number

Additional Information:
