

**WOOD DALE SCHOOL DISTRICT 7
SCHOOL MEDICATION AUTHORIZATION FORM**

To be completed by the child's parent(s)/guardian(s) and kept in the school health office. Please note a new form must be completed every school year.

Student's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian Name: _____ Emergency Contact Number: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the student's physician, physician assistant with prescriptive authority, or advanced practice RN with prescriptive authority.

Name of Medication: _____

Dosage: _____ Frequency: _____

Time medication is to be administered or under what circumstances: _____

Prescription date: _____ Order date: _____ Discontinuation date: _____

Diagnosis requiring medication: _____

Purpose: _____ Time Interval for Re-evaluation: _____

Expected side effects, if any: _____

This medication must be administered during the school day in order to allow the child to attend school or to address the student's medical condition:

Yes _____ No _____

Epinephrine Auto-Injector only: Student may carry and self-administer:

Yes _____ No _____

Other medications student is receiving: _____

Physician's Printed Name: _____ Office Phone: _____

Office Address: _____ Emergency Phone: _____

Physician's Signature

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 the Wood Dale School District 7 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 the employees and agents of the Wood Dale School District 7), lawfully prescribed medication in the manner described above. This includes administration of undesignated epinephrine auto-injectors to my child when there is a good faith belief that my child is having an anaphylactic reaction whether such reactions are known to me or not (105 ILCS 5/22-30, amended by P,A, 90-480). **I acknowledge that it may be necessary for the administration of medications to my child to be performed by an individual other than the school nurse, and specifically consent to such practices.** I further acknowledge and agree that, when the lawfully prescribed medication is so administered or attempted to be administered, I waive any claims I may have against Wood Dale School District 7, it's employees and agents arising out of the administration of said medication. In addition, I agree to hold harmless and indemnify Wood Dale School District 7, it's employees and agents, either jointly or severally, from and against any and all claims, damages, causes of actions or injuries incurred or resulting from the administration or attempts at administration of said medication.

Parent/Guardian Printed Name

Parent /Guardian Signature

Date

Important Information: 1) Medication is to be brought to school in the original pharmaceutical container, clearly marked with the child's name, the name of the medication, and pertinent instructions. 2) The parent or physician must report immediately, in writing, any change in prescription or dose.

12/2020

WOOD DALE SCHOOL DISTRICT 7
AGREEMENT TO CARRY AND SELF ADMINISTER MEDICATION

Student's Name: _____ Birth Date: _____

Address: _____

Parent/Guardian Phone: _____ Emergency Phone: _____

School: _____ Grade: _____ Teacher: _____

Physician Name: _____ Physician Phone: _____

The items below must also be provided:

- Asthma Inhaler** Prescription label which contains the name of the medication, the prescribed dosage, and the time at which or circumstances under which the medication is to be administered. 105 ILCS 5/22- 30(b)(2)(i).
- Epinephrine** Medication Authorization Form and Emergency Action Plan

******It is recommended that students who carry and self administer medication keep "back-up medication at school.***

Parent Statement:

I authorize the Wood Dale School District 7 and its employees and agents to allow my child to self-carry and self-administer his or her asthma medication and/or epinephrine injector: (1) while in school, (2) while at 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 Wood Dale School District 7 to inform parent(s)/guardian(s) that it, and its employees and agents, incur no liability except willful and wanton conduct, as a result of any injury arising from a student's self-carry and self-administration of asthma medication or epinephrine auto injector. 105 ILCS 5/22-30, amended by P.A.s 100-726 and 100-799, eff.1-1-19.

Please sign to indicate (1) receipt of this information, and (2) authorization for your child to carry and use his or her asthma medication or epinephrine injector. My child has been instructed in the use and self-administration of his or her:

- Asthma medication**
- Epinephrine auto injector**

He/she is capable of using this medication independently.

Parent/ Guardian Printed Name

Parent/ Guardian Signature

Date

For asthma inhalers, attach the prescription label with the name of the asthma medication, the prescribed dosage, and the time at which or circumstances under which the asthma medication is to be administered. 105 ILCS 5/22-30 (b) (2) (i).